

GUIDE FOR THE CERTIFICATION AND MONITORING OF QUALITY ASSURANCE SYSTEMS IMPLEMENTED IN ANDALUSIAN UNIVERSITY CENTRES IMPLANTA-QASC Programme

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1. Introduction

Royal Decree 822/2021, of 28 September, which establishes the organisation of university education and the procedure for quality assurance, consolidates the Quality Assurance Systems (QAS) as the basis for the organisation of education to function efficiently and to create the trust on which the degree management processes are based, as well as constituting one of the necessary elements for the design of official university degrees.

In addition, the **European Standards and Guidelines for Quality Assurance in the European Higher Education Area (hereafter ESG)**, adopted since 2005 and in their May 2015 version, provide closely interrelated quality assurance guidelines that should be considered by universities and agencies alike. In relation to internal quality assurance, among others and by way of example, standard 1.1 states that *"Institutions should have a public quality assurance policy that is part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, involving external stakeholders."* As we are within the European Higher Education Framework, the QAS to be implemented in university centres must be aligned with these Standards.

From the above, we can see the need for the implementation of QAS in the Centres (hereinafter referred to as QASC), which will have an impact on the improvement of the operation and quality of the training programmes and, in this way, will facilitate the design, verification, modification, monitoring and renewal of the accreditation of the degrees within its scope. It will also help universities to improve in the framework of Quality Assurance by promoting a culture of this. The **Certification of the implemented QASC** is the public recognition of the maturity achieved in the implementation of the degrees and implies that the assessed centre has a system that allows the cycle of continuous improvement to be effective, sustainable and oriented to respond to the needs of the different internal and external stakeholders.

The QASC Certification process is of great interest due to its connection with the **institutional accreditation** framework regulated by Royal Decree 640/2021, of 27 July, on the creation, recognition and authorisation of universities and university centres, and institutional accreditation of university centres, as it is one of the necessary requirements to obtain this accreditation. Likewise, the *Resolution of 3 March 2022, of the General Secretariat for Universities, which issues instructions on the procedure for the institutional accreditation of public and private university centres, and publishes the Protocol for the certification of internal quality assurance systems of university centres and the Protocol for the evaluation procedure for the renewal of institutional accreditation of university centres, approved by the General Conference on University Policy*, establishes that they must *"Have certification of the implementation of its Internal Quality Assurance System (IQAS), in accordance with the standards and guidelines for quality assurance in the European Higher Education Area and the protocols and guidelines developed by the National Agency for Quality Assessment and Accreditation (ANECA) or by the quality assurance agency of the corresponding autonomous community. This certificate may be issued by Spanish quality agencies that are registered in the European Quality Assurance Register (EQAR)"*, therefore the DEVA-AAC is the competent body for this purpose. The Certification of the implemented QASC is considered at the level of the Centre and is always oriented towards the continuous improvement of the training offered to students, in accordance with the current legislation on the renewal of the accreditation of degrees and the ESG.



The programme will be reviewed and updated according to the needs for adjustment of the process and its implementation procedure, incorporating any improvements detected. This new version of the guide is a consequence of the adaptation to the applicable regulations and the development of the application procedures referred to therein, such as the monitoring of the certification of the QASC.

1.1. Objectives and scope of the certification of the implementation of the Quality Assurance Systems of the Centres

The certification of university QASC aims to generate sufficient confidence in the institution and in its ability to provide training that guarantees to meet the needs and expectations of the student body and society. This trust will be underpinned by transparency of public information and accountability.

The scope of the Certification will include the official academic options on offer for which the centre is responsible, in bachelor's, master's and/or doctorate degrees.

University institutions must demonstrate with evidence that:

- The defined structure of the QASC and its implementation involves the different stakeholders, especially the student body.
- The documentation of the QASC is accessible and describes in an accurate and up-to-date manner both the processes carried out in the centre and the mechanisms for measuring, analysing, reviewing, updating and improving them.
- The indicators included in the QASC enable and facilitate the monitoring, modification of the academic options on offer and accreditation of the degrees offered by the centre and their continuous improvement, based on the analysis of the data obtained (referring to the last 3 years), making comparisons between the indicators obtained and the established objectives.
- There is evidence of a cyclical and ongoing commitment to conducting internal reviews to determine whether the system is properly implemented and kept up to date in an effective and efficient manner.
- Key aspects of the surrounding environment (economic, social, scientific and cultural) and all stakeholders are taken into consideration.
- The governing team and the people responsible for the centre:
 - ✓ support and provide resources for the process of implementing the QASC, as a strategy for the continuous improvement of teaching and, in particular, of the student-centred teaching-learning process.
 - ✓ review the implementation of the QASC to reflect on the functioning of the system, whether it is adequate and whether the planned objectives are achieved. Among other things, they analyse reports (e.g. on internal audits, improvement actions, system changes and stakeholder satisfaction) and approve operational and measurable improvement plans.
 - ✓ make decisions on curricula and programmes on the basis of information provided by the QASC.



- ✓ lead and assess the scope and impact of decisions, involving stakeholders (degree coordinators, teaching staff, students, external agents).

1.2. Objectives of the Guide

1. To guide the Centres/Universities of the Andalusian University System in obtaining the certification of the implemented QASC, monitoring and subsequent renewal of the Certificate according to the standards and guidelines required in the European standards.
2. Establish the prerequisites for sites to apply for certification of their implemented QASC.
3. Determine the evaluation standards for the certification of the implemented QASC whose scope refers to the management aspects of the Centre focused on ensuring that the educational objectives of the official Andalusian university degrees meet the needs and expectations of students, stakeholders and society.
4. To raise awareness of the process, methodology and certification requirements of the implemented QASC.

2. Requirements of the Quality Assurance Systems implemented in the Centres for the application for Certification

To apply for the participation of the Centres in the IMPLANTA programme, the Andalusian University Centres must fulfil the following **requirements**:

1. Demonstrate that the implementation of the QASC follows the standards and guidelines set out in the corresponding section of the guide and that they are based on the **Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015)**.
2. To show that all undergraduate degrees under the scope of the QASC have already had graduates or are in their third year of implementation, allowing to provide information on the results of the last three years and to make decisions on their trends.
3. Demonstrate that at least one review of the QASC has been carried out, prior to the application for certification, so that a plan for improvement or justified changes has been put forward as a result of that review.
4. Present evidence that information is published on the results of the processes to which the centre's degrees are subjected and which demonstrate accountability to all stakeholders (verification, monitoring and, where appropriate, renewal of accreditation).

Relationship with other evaluation processes

In relation to the processes of verification, monitoring, modification and renewal of degree accreditation, the certification of the implemented QASC shows that the faculty has and uses mechanisms that facilitate both the improvement of the quality of its degrees and the external assessment processes carried out by DEVA. During the validity of the Certificate, the official qualifications under its management will be exempted from submitting documentation related to the QASC, when they request to participate in the



verification, monitoring and modification processes. If necessary, DEVA reserves the right to request any information that is essential for the proper evaluation of the programme according to the corresponding guidelines.

3. Implementation Certification Procedure

The certification procedure of the implemented QASC comprises the following phases:

Application to participate

The call for applications will be made by Resolution of the Directorate for Evaluation and Accreditation, which will be published on the website and communicated to the universities.

Prior to this call for applications, and in order to rationalise existing resources and organise the submission of applications, universities will be consulted annually to ascertain their interest in participating in the process.

For the purposes of this certification process, a centre is defined as an officially established administrative unit that offers courses leading to official university degrees and is listed in the Register of Universities, Centres and Degrees (RUCT).

1. Submission of applications

The University will be able to download and complete the application form (Annex 01) for the certification of the QASC on the DEVA website, which will be submitted according to the resolution of the corresponding call.

2. Documentation of the QASC and access to the document manager

The documentation of the QASC must be accessible and describe accurately and up to date both the processes carried out in the centre and its measurement, analysis and improvement mechanisms.

The University will provide DEVA-AAC with a web link and passwords to access the relevant QASC document system.

This documentary system shall contain as a minimum, for the purposes of evaluation, the current and updated documentation listed below:

1. Short description (no more than 1 page) of the Centre's information on the operation of its QASC or access to the document manager.
2. Current Quality Manual under assessment (identifying the date of design and update).
 - a. Identification of the Centre, structure of the body responsible for the QASC and description of the operating rules, composition of committees, etc.
 - b. Documentation on the strategic objectives, the Quality Policy, and/or the Centre's Master Plan.
 - c. Scope of the QASC covering the official degrees taught under the responsibility of the Centre.



- d. Processes and procedures in place that are aligned with ESG standards and guidelines (it is advisable to present a process map).
3. Report on the analysis of the results of the Indicators linked to the QASC, and the way in which they have been used by the Bodies responsible for the Centre for decision-making and the definition of improvement actions on the monitoring, modification of the academic and training offer and the accreditation of degrees offered by the Centre (results, syllabus, teaching staff, services and infrastructures, etc.).
4. Report on the results obtained from the QASC review process, the improvement actions introduced and the results of its monitoring.
5. Monitoring of compliance with the actions defined by those responsible for the Centre included in the proposed Improvement Plan.

3. Information analysis

The QASC Implementation Assessment Committee shall conduct a pre-assessment of the documentation and evidence provided by the university prior to the planning of the visit. If additional documentation, questions or other issues are required, DEVA-AAC will establish a communication mechanism with the university to resolve the issues arising from this analysis.

The Evaluation Committee will make a preliminary assessment of the fulfilment of the requirements, of the information provided by the Centre in accordance with the Standards of this guide, and will determine whether or not to continue with the evaluation process and carry out the visit. In the event that issues are detected that give rise to an unfavourable assessment, the visit will not proceed and the procedure will be terminated, and the university will be notified of the rejection decision signed by the Directorate for Evaluation and Accreditation, accompanied by the preliminary unfavourable assessment report.

4. Visit to the centre.

If it is proposed to continue with the evaluation process, the DEVA together with the person designated by the university for the management of the programme will plan the visit proposed by the Evaluation Committee. The visiting panel will be made up of at least three members of the Evaluation Committee, who may vary in number depending on the number of degrees of the Centre within their scope, one of them acting as the person coordinating the visit. The main objective of the visit is to see *in-situ* the functioning and degree of implementation of the QASC in order to guarantee the quality of the training programmes of the degrees being taught at the Centre.

The organisation of the visit should include hearings with the Centre's Management Team, the Quality Assurance Committee, members of the University's Technical Quality Units (UTC) and those degree coordinators who are not part of the Quality Assurance Committee. Where appropriate, the Evaluation Committee may provide for a hearing with the system's stakeholders, which shall be communicated to the University sufficiently in advance.



The visiting panel will analyse and discuss with the different audiences the extent to which the QASC is consistent with its quality objectives and contributes to reviewing, improving or redesigning the Centre's training options on offer and to achieving the expected learning outcomes.

5. Provisional visit report.

The QASC Implementation Assessment Committee shall prepare and approve an provisional visit report to be submitted to the Certification Committee for review. Once revised, the applicant university will be notified of this report.

6. Deadline for challenges to the Provisional Visit Report.

The University has 20 working days, from the day following notification, to present challenges to the provisional visit report, if it deems it appropriate.

7. Final visit report.

After hearing the challenges, the Evaluation Committee will draw up and approve the final visit report, which may be:

- **Favourable outcome.**
- **Conditional.** This result shall be subject to the rectification of the aspects indicated in the report within a maximum period of 6 months from the date of its notification. The Centre shall submit a report on the actions defined and carried out, providing evidence of the rectification of the aspects detected.
The evaluation committee shall verify the achievement of these actions and shall submit a report proposal to the certification committee, so that it may decide on the meaning of the final report.
Those centres that obtain this result will not be able to apply for Institutional Accreditation until the objections formulated have been solved.
- **Unfavourable outcome.**

8. Issuance of the Certification Resolution of the implemented QASC.

If the final visit report has a favourable outcome, the Certification Committee proposes the certification resolution of the implemented QASC, signed by the Evaluation and Accreditation Directorate, which will have a duration and **validity of 6 years**, renewable for a period of the same duration, and subject, where appropriate, to intermediate follow-ups.

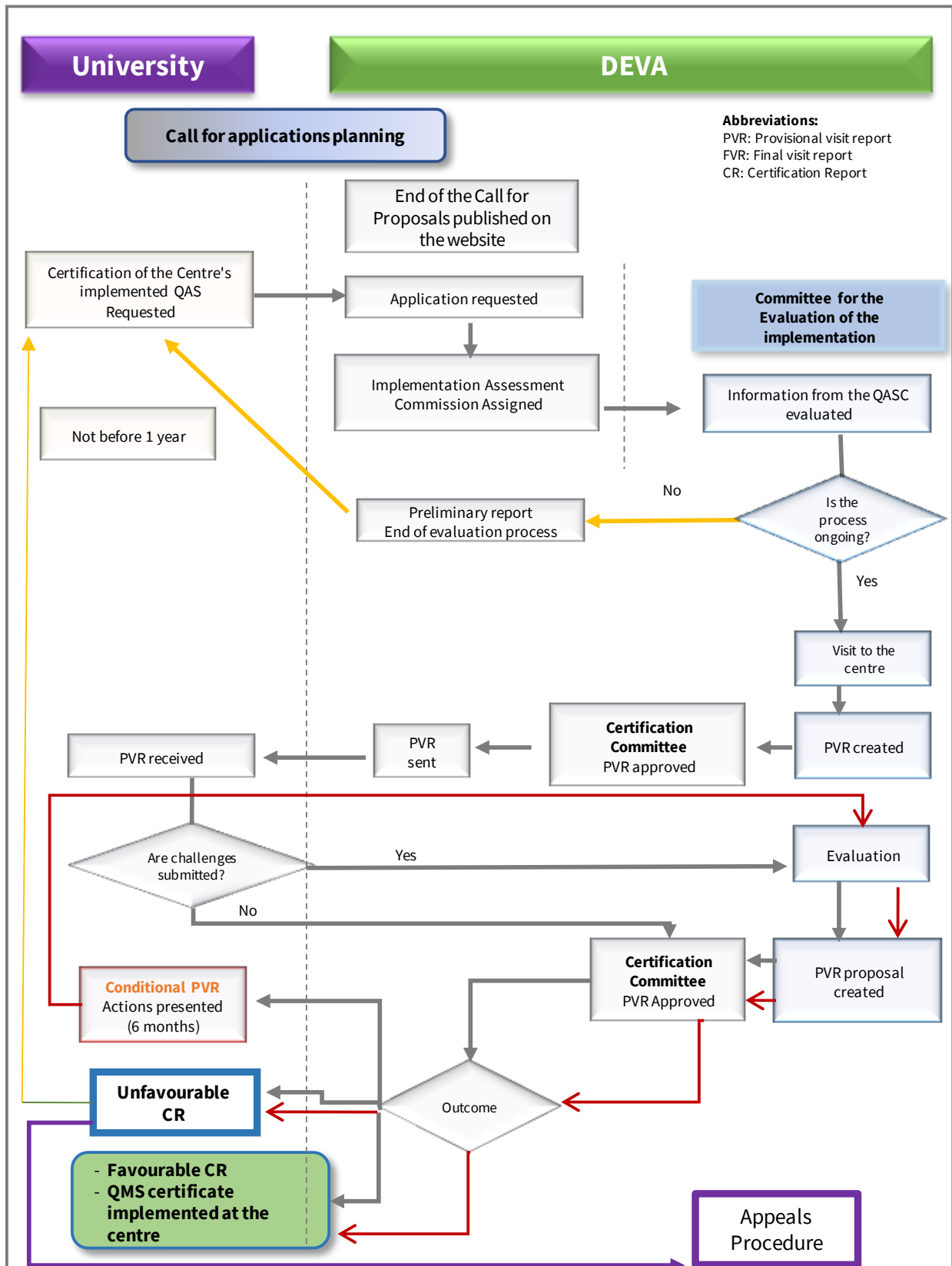
Centres that do not obtain certification must wait a minimum of 1 year from the date of issue of the final unfavourable report or, where applicable, the preliminary unfavourable report, before reapplying for IMPLANTA certification.



The web link, as well as the access codes to access the document system of the QASC, provided for the evaluation, shall remain operational during the whole period of validity of the certificate. In those cases where it is necessary to modify the link/keys, the university will communicate the changes via implanta.deva.aac@juntadeandalucia.es.



FLOWCHART OF THE CERTIFICATION PROCESS OF THE IMPLEMENTED QASC.





4. Follow-up of the Certification of the Quality Assurance Systems implemented in centres

STANDARD 1. PUBLIC INFORMATION

The Centre has processes in place to ensure the publication of up-to-date information on its activities and the results of its training programmes.

The Centre must demonstrate that it has mechanisms in place to ensure that the information it publishes on its training programmes and other activities is up-to-date, objective, clear, accurate and easily accessible. It must also have a regulated process in place that allows for the continuous collection of information for decision-making related to the information it needs to publish.

It must demonstrate that the information published is useful for current and potential students, as well as for graduates, teaching staff and administrative and service staff (PAS) of the Centre, employers and society in general.

The Centre must have at least the following information published:

1. Organisational structure, policy and strategy of the centre. It should publish the Centre's policy and strategy, as well as procedures for accountability for the Centre's activities. Closely related to these procedures is the publication of the results of decision-making in the implementation and improvement of the Centre's processes.
2. Training options on offer. Information on the data and indicators associated with the Centre's degree programmes as a result of their implementation and monitoring. Reports on the participation of the degrees in the different programmes of verification, monitoring and renewal of accreditation:
 - a. Teaching results: indicators of the results of the training options on offer, graduate profile, labour market insertion, satisfaction of the different interest groups.
 - b. Results of the management of services and infrastructures and satisfaction with the use of services and material resources.
 - c. Results of the evaluation of teaching and research staff.
3. Complaints, claims and suggestions channel. Updated information on the results of the treatment of complaints, claims and suggestions (e.g. number of complaints received, resolution times, satisfaction with the resolution and attention given, etc.).
4. Information on the QASC, quality manual and processes, updated and in force.

STANDARD 2. QUALITY ASSURANCE POLICY

- 2.1. The Centre has a quality policy and public strategic objectives linked to its Quality Assurance System.
- 2.2. The Centre has processes in place to ensure the continuous collection, analysis and use of information (results, data and indicators) for decision-making and improvement of the quality of teaching.
- 2.3. The Centre has processes in place to ensure the continuous improvement of its training programmes.



2.1. Quality assurance policy

The quality policy and strategic objectives, together with the processes, form the foundation for the development of the quality culture at the university and the continuous improvement of the training programmes. The quality policy of a degree or a Centre must have a formal status and be public.

1. The institution must have its quality policy, based on the performance indicators and learning outcomes of the degrees it offers, aligned with the strategic objectives and demonstrate that they are updated, assessed and reviewed; based on the results obtained in the period of implementation of its QASC. The Centre's strategic objectives may be based on those of the University and/or have their own defined strategic objectives.
2. In the definition and review of the objectives and quality policy, the participation of the different interest groups linked to the Centre is taken into account.
3. The Centre demonstrates how it regularly reports to stakeholders on the results achieved (e.g. with monitoring reports, regular meetings in collegiate bodies, web dissemination, etc.).

2.2. Document management, use of information and analysis of results

The centre should have a systematised information management system in place, to allow the information to be analysed with the different interest groups and establish how it will have an impact on decision-making aimed at improvement. Specifically:

1. It must have complete and reliable data that are used by the management team, the people in charge of coordinating the degree programmes or academic positions and those responsible for the Centre to make informed decisions, both for the continuous improvement of the training programmes and in those non-academic aspects linked to this improvement, such as the management of its processes.
2. Data and results should come from an implemented information management system where information is collected and accessed on: student enrolment, credits recognised and procedure followed, academic results, labour market insertion, use of university services, satisfaction of the different interest groups and, where applicable, external academic placements and mobility.
3. The decisions adopted for the review and definition of actions that contribute to improving the quality of each of the degrees offered are based on the data and results for at least the last three academic years. Thus, the centre has been able to analyse trends and make comparisons between the indicators obtained and the objectives set.
4. These results are useful in decision making for the definition of new objectives and/or revision of the established ones of the degrees under its scope.
5. This analysis of results entails the review of the QASC itself, in terms of continuous improvement of procedures, detection of weaknesses and other proposals for improvement.



6. They should demonstrate that they take into consideration key aspects of the environment (economic, social and scientific), and that they collect and consider input from all stakeholders on a regular basis.

2.3. Design, monitoring and improvement of training programmes

The processes of the QASC make it possible to apply cycles of continuous improvement that allow it to develop, renew and discontinue its academic offer, including the design, approval, monitoring and periodic review of its training programmes.

1. The Centre must collect information, analyse it and draw up an annual monitoring report on the results of its training offer in order to identify improvement actions in its training programmes and enable it to adopt modifications and changes that favour the renewal and innovation of its programmes and, if necessary, their termination.
2. The Centre must have a risk analysis and procedure in place to allow for the termination of degrees and, if necessary, in the light of the results obtained, the policy and objectives defined, to apply it, ensuring the corresponding quality assurance and equity measures. Demonstrate when its application is appropriate.

STANDARD 3. TEACHING AND RESEARCH STAFF

The Centre has processes in place to ensure the training, competence and qualifications of teaching staff.

The Centre must have mechanisms in place to control, guarantee and ensure the access, management and training of its academic staff to ensure their training, competence and qualifications, as the university is responsible for the quality of its staff. It must also provide them with appropriate environment to allow them to effectively perform their role. The Centre has put in place mechanisms to ensure the adequacy and suitability of teaching staff to carry out their duties, while respecting their academic freedom and integrity.

However, given that the above is usually a cross-cutting process linked to the university and not exclusive to the centre, the evaluation will focus on:

1. Procedures associated with the management of teaching resources.

1.1. The centre should have useful mechanisms for detecting and identifying academic staffing needs, according to the profile required for each training programme and according to its characteristics, e.g. type of teaching - face-to-face, blended, first-year teaching, languages, supervision of the End of Degree Project/End of Master's Project, etc., decision making and accountability.

1.2. Information should be presented on actions taken to promote teacher training, as well as actions to encourage innovation in teaching methods and the use of new technologies. The results of these actions are analysed and provide evidence of their contribution to improving the quality of the teaching staff teaching in the centre's degree programmes.

2. Evaluation of the quality of teaching activity.



In order to pass this section 2, it will be sufficient to have the DOCENTIA programme implementation certificate. While the University/Centre obtains this certification, the application of procedures, collection and analysis of results will be assessed:

- The University/Centre carries out the evaluation of the teaching quality of its teaching staff through an implemented procedure, which complies with the standards and requirements of the DOCENTIA programme or with the programme itself.
- The University/Centre has a system that allows information on the management of the quality of the teaching activity of the teaching staff to be compiled and analysed, favouring its development and recognition.

The Centre analyses the results of the evaluation of the teaching quality of the teaching staff and makes decisions based on the information received. Where appropriate, the institution makes proposals for improving the information received through the application of the procedure to help in decision-making (e.g. new indicators, breakdown of information, periodicity, request for modifications to the teaching staff survey, modification of the needs analysis procedure, etc.).

Note: Passing the standard does not imply certification of the implementation of the DOCENTIA Programme by the DEVA.

STANDARD 4. MANAGEMENT OF MATERIAL RESOURCES AND SERVICES

The IQAS defines processes that guarantee the availability of sufficient material resources and services for the provision of learning activities for students.

The centre must have mechanisms in place to control the management, maintenance and improvement of material resources and services. These must be accessible, adapted to the needs and familiar to the learners.

The Centre has information on the results of the activities it organises and develops and makes decisions based on these to improve the teaching and learning process.

The Centre has information on the results of the management of material resources and services, as well as on the needs for the acquisition and maintenance of equipment and facilities, obtained from the development of the training programmes.

Given that the processes of management of material resources and services for learning can be defined as a cross-cutting process linked to the university, and external to the centre, the evaluation of the QASC will focus on:

1. Processes for identifying needs.

The information and results of the centre are useful procedures for detecting the need for new resources or services, the correct development of activities, material resources and the provision of administrative and service staff, taking into account the specific characteristics of each degree programme, guaranteeing the participation of the different interest groups.

2. Communication and coordination procedures with the competent university bodies.



The centre analyses and identifies needs, which it transmits to the competent university bodies in the area and in coordination with them, adopting decisions on the resources and services that are common to all the centres for the correct development of the activities.

3. The processes associated with the acquisition and management of material resources and services of the Centre.

The Centre analyses and identifies needs in the management and improvement of material resources, infrastructures and services, taking decisions on the results obtained for the development of the activities already available, as well as in the organisation, acquisition or contracting of new ones.

STANDARD 5. MANAGEMENT AND RESULTS OF TEACHING-LEARNING PROCESSES

The Centre defines processes that will ensure that the actions it undertakes contribute to student learning.

1. In coordination with the persons responsible at the university and the stakeholders, the faculty analyses the information on the results obtained on the application of the mechanisms for access and admission, enrolment, recognition and certification of learning appropriate to the specificities of the degrees it offers and takes decisions based on the monitoring of these results.
2. The centre analyses with the stakeholders the information on the results of the monitoring of the support and academic guidance system (such as having a Tutorial Action Plan - TA Plan) and professional guidance of the students, which covers all the phases of the development of the teaching and learning process and analyses the effect on professional insertion.
3. The centre has information on the results obtained from the application of teaching methodologies and assessment of learning outcomes, which enables it to make decisions and define actions on the design of new methodologies or the revision of existing ones, ensuring that they are adapted to the characteristics of each of the training programmes.
4. The school monitors these actions to ensure that teaching methodologies and assessment systems are relevant and appropriate to promote and certify the intended learning outcomes.
5. The centre analyses with stakeholders the information and results obtained from the management of the End of Degree Project/End of Master's Project (assignment, supervision and assessment) and, where appropriate, external placements, which allow them to make decisions and define actions to ensure the correct development of these.
6. The school discusses with the stakeholders the results on the tasks specific to the professional field for which the external placements were assigned, as well as for the management of mobility, and the results of the actions will be reported in a way that demonstrates that the mobility actions planned and carried out in the training programmes were adequate to the objectives pursued.
7. The Centre demonstrates that the collection and analysis of results from these processes contribute to improved learning and decision-making.



In the case of centres offering official doctoral degrees, the following requirements shall be added to the above, in accordance with the assessment criteria for doctoral programmes established in Royal Decree 99/2011, of 28 January, which regulates official doctoral studies:

R&D&I and knowledge transfer. The centre develops mechanisms that ensure a research structure that plans and develops research programmes and projects with internal and/or external funding, so that research results are achieved in line with the lines of research of the doctoral programme in which they participate, with international benchmarks in their corresponding disciplinary fields, and knowledge transfer is carried out in collaboration with entities, companies, institutions and organisations, among others, which generates innovation and progress in society.

RELATIONSHIP BETWEEN THE STANDARD DEFINED BY THE DEVA AND THE STANDARDS IN CHAPTER 1 OF THE 2015 ESG REGARDING QASC:

DEVA Standard	ESG Standards 2015
1. Public Information.	1.8. Public information.
2. Quality assurance policy	1.1. Quality assurance policy 1.2. Design and approval of programs 1.7. Information management. 1.9. Continuous monitoring and periodic evaluation of programmes 1.10. External assurance of cyclical quality
3. Teaching and research staff	1.5. Teaching staff
4. Management of material resources and services	1.6. Resources for student learning and support
5. Management and outcomes of teaching-learning processes	1.3. Teaching, learning and student-based evaluation 1.4. Admission, development, recognition and certification of students. 1.6. Resources for student learning and support

5. Committees: Composition and Functions

The evaluation work of the DEVA-AAC in this process is carried out by different committees:

The QASC Implementation Assessment Committee and the Certification Committee.

5.1. Committee for the evaluation of the implementation of the QASC

The evaluation process for the Certification of the implemented QASC will be carried out by the Evaluation Committee(s), made up of independent experts external to the Andalusian University System who will be appointed according to the Standard established in the procedure for the selection of evaluators approved by the Technical Committee for Evaluation and Accreditation and published on the website.

The QASC Implementation Assessment Committee will be responsible for carrying out the preliminary review and analysis of the documentation, assessing the information on the assigned QASC and, where appropriate, carrying out the visit to the Centre, as well as drawing up and approving the Interim/Final Report on the visit in accordance with compliance with the Standard defined in the guide.



This Committee will be composed of different profiles of people with experience in evaluation with the following roles:

Presidency Academic staff with experience in evaluation processes of Quality Assurance Systems of Centres and university management.

Secretariat: Administrative and service staff with experience in Quality Assurance System evaluation processes and evaluation of degrees and institutions.

Academic board: Academic staff with experience in evaluation processes of Quality Assurance Systems of Centres and university management. Additionally, a person with experience in Quality Assurance System assessment processes and linked to one of the fields of knowledge related to the courses taught at the Centre whose QASC is being assessed may also act as an academic member.

Student member: Undergraduate or postgraduate students, with training and knowledge of Quality Assurance Systems.

Depending on the number of applications received, the number of committees required to deal with these applications may be appointed.

The functions associated with the various members of the committees, depending on their profile, are as follows:

Presidency

- Coordinate the work of the Committee.
- Participate in and direct the Committee's sessions.
- Evaluate dossiers for certification, follow-up, renewal of certification, and challenges, if any.
- Revise proposals for interim and final visits.
- Participate and attend as a member in the sessions of the Committees.
- Attending and participating in the collegial decision-making of evaluation standard in the sessions.
- Request, from DEVA, when required by the evaluation, the collaboration of persons external to the committee as academic members in order to complete the evaluations of the members of the committee.
- Where appropriate, attend visits.
- Revise and sign minutes of the committee sessions.

Secretariat:

- Assist the chair in the coordination of the work, ensuring that the evaluations are carried out in accordance with the technical documentation of the evaluation programme.
- Attend, if convened, with voice and vote, the meetings of the Certification Committee.
- Evaluate dossiers for certification, follow-up, renewal of certification, and challenges, if any.
- Attending and participating in the collegial decision-making of evaluation criteria in the sessions.
- Drafting interim and final visit reports.
- Where appropriate, attend visits.
- Drafting the minutes of the Committee.

Academic and Branch of Knowledge Committee:



- Evaluate dossiers for certification, follow-up, renewal of certification, and challenges, if any.
- Attending and participating in the collegial decision-making of evaluation criteria in the sessions.
- If necessary, draw up documentation during the visit.
- Where appropriate, attend visits.

Student Council:

- Evaluate dossiers for certification, follow-up, renewal of certification, and challenges, if any.
- Attend and participate in the collegial decision making of evaluation standard in the sessions, where appropriate.
- If necessary, draw up documentation during the visit.
- Where appropriate, attend visits.

5.2. Committee for the Certification of QASC implementation

The Certification Committee shall be composed of:

President: the person in charge of the Directorate of Evaluation and Accreditation or the person delegated by him/her.

Members: As many as presidencies have been appointed for the Evaluation Committees of the implementation of the QAS (or persons delegated by them), two experts in QAS of the university system not belonging to the Andalusian Universities.

Secretariat: DEVA technical staff, with voice, but without vote.

The Certification Committee will be responsible for reviewing the interim and final visit reports, verifying the adequate application of the standard of the guide and its adjustment to the ESG standards, adopting the corresponding decisions on homogeneity, structure and style of the reports, as well as proposing the certification resolution of the implemented QASC to the Evaluation and Accreditation Directorate, using the final report of the Evaluation Committee as the main evidence.

The functions associated with the different members of the committee, according to their profile, are as follows:

Presidency

- Direct and coordinate the committee sessions
- Revise and sign minutes of the committee sessions.
- Sign the reports and Certification resolutions proposed by the Committee.

Memberships:

- Review files for certification, follow-up, renewal of certification, and challenges, if any.
- Attend and participate in the decision making process for the adjustment of the evaluation criteria in a collegial manner in the sessions.
- Review reports in relation to decisions to be taken on standardisation, structure and style.
- Collaborate in the meta-evaluation and programme improvement processes.

**Secretariat:**

- Assist the chair in the coordination of the work, ensuring that the evaluations are carried out in accordance with the technical documentation of the evaluation programme.
- To send out notices of meetings.
- Draft the minutes and sign them once approved by the Committee.

6. Evaluation of Standards

For the "FAVOURABLE" CERTIFICATION of the implemented QASC it is necessary that all the evaluated standards obtain, at least, an evaluation of "sufficient implementation".

6.1. Standard Exceedance Requirements

The final achievement of each of the standards will be assessed at one of the four levels defined below:

Successful implementation: The standard will be assessed as "Satisfactory implementation" when most of the aspects to be assessed have been assessed as "satisfactory" with none marked as "insufficient".

Sufficient implementation: The standard will be assessed as "Sufficient implementation" when all aspects have at least been assessed as sufficient.

Conditional implementation: The standard will be assessed as "Conditional implementation" when not all aspects have been found to be sufficient. It will be assessed as conditional when aspects are detected that are carried out by the centre but would still need time (within the 6-month period) and necessarily need to be improved, which could fulfil the standard.

Not implemented: The standard will be assessed as "Not implemented" when any of the aspects are assessed as insufficient.

6.2. Evaluation of the aspects to be assessed by the committee

The evaluation of each of the aspects that make up a Standard will be carried out taking into account the following values:

Satisfactory. The aspect to be assessed is fully achieved and, in addition, there are examples of good practice. There is evidence to support the orderly and systematic implementation of actions linked to the aspect assessed, and furthermore, that these are carried out in an effective and measurable manner and in accordance with responsibilities that are clearly defined in the documentation of the QASC.

Sufficient. Total or partial compliance with the aspect is evident. There is evidence of performance-based activities and implementation of the elements defined in the assessed aspect.

Insufficient. There is evidence of non-compliance with the aspect assessed and there is no evidence that, in a short period of time, the standard can be fulfilled. There is no evidence of adequate development of the aspect in assessment with the results of the information provided.

Annex 02 contains the Protocol for the Evaluation of the QASC , which aims to provide guidance to the Evaluation Committee in its task of assessing the different aspects in each of the proposed Standards. In



In addition, Annex 03 lists a list of indicative evidence that the university may provide to ensure the implementation of the QASC. These or others will be used for the correct assessment of the different Standards.

7. Monitoring and Renewal of the Certificate

7.1. Follow-up of the Certificate

During the 6-year period of validity of the implementation certificate, the Evaluation and Accreditation Directorate reserves the right to modify its scope, suspend or revoke it when it is found that:

- Changes occur that significantly alter the conditions under which the QASC was certified.
- Inappropriate use is made of the certificate.

During this period, the Centre undertakes to notify DEVA through the channels established for this purpose of any change in the nature of the Centre that may affect the scope or validity of the certificate. The DEVA will respond to the communication received which will bind the continued validity of the communication.

The call for applications will be issued by the Directorate for Evaluation and Accreditation and will be published on the website and communicated to the universities.

The application shall be submitted through the Single Electronic Register of the Regional Government of Andalusia, attaching the self-assessment report showing the effectiveness of its QASC. The correct development of its QASC will be analysed, as an instrument for monitoring, analysing and taking decisions on the training programmes of the official university bachelor's and master's degrees taught at the centre and, where appropriate, doctoral programmes, in order to ensure their results and continuous improvement. The information to be covered by this self-report and its evidence shall cover the period between the date of obtaining the last certification of the QASC and the date on which the follow-up is submitted.

In order to draw up the self-assessment report of the institution, compliance with the standards and guidelines for quality assurance in the European Higher Education Area (ESG) will be taken into account, taking as a reference the Standard and those established for the certification of the implementation of the QAS in this guide.

The Evaluation Committee will carry out a follow-up after 3 years from the date of granting the certificate, to verify the maintenance of the certification conditions of the implemented QASC.

Favourable reports that include "Aspects of particular relevance for the implementation of the QASC or other aspects that will improve the proposed QASC" in one of the IMPLANTA standards may include specific prescriptions for the elaboration of an improvement plan, the results of which will be evaluated in the monitoring process. Failure to comply with these requirements or the absence of evidence and results of achievements in monitoring may result in the withdrawal of certification with implications for the different degrees covered.



The Monitoring Report, drawn up by the Evaluation Committee, after analysis of the documentation provided (self-report and evidence) available in the QASC documentary system, will have an effect on the renewal of the certification of the QASC.

In the light of this report, the Assessment Committee may determine that a further monitoring should be carried out before the expiry of the Certificate.

Centres that have been awarded the Certification of the implementation by DEVA based on the AUDIT programme (ANECA), must present and carry out the monitoring and renewal of the certification of the implementation according to the deadlines established in the IMPLANTA programme.

The monitoring process will be carried out through the IMPLANTA application.

The follow-up request shall include:

1. Centre Identification Data.
2. Self-evaluation report:
 - Link to the QASC version.
 - Submit modifications to the QASC Yes/No.
Summary of the results on which the amendment is based:
If so, identify which ones:
 - Presentation of the monitoring of the Centre's improvement plan, actions carried out, achieved, in progress, etc., including the monitoring of the degrees that form part of the scope of the QASC. (note new degrees under the scope)
 - Report on how the issues identified in the certification report have been addressed and resolved.

Evidence of the Centre's internal Quality Management review. Monitoring shall be carried out in accordance with Annex04 of this guide.

7.2. Renewal of the Certificate

The University shall request, through the Single Electronic Register of the Regional Government of Andalusia, the renewal of the certificate one year before the expiry of the date on which the certificate was granted.

For renewal, university centres must demonstrate by means of evidence the effectiveness of their Quality Assurance System (QASC) as an instrument for monitoring, analysis and decision-making on the training programmes of the official university degrees, master's degrees and, where appropriate, doctoral programmes taught at the centre, in order to ensure their results and continuous improvement.

The Evaluation Committee, in the light of the analysis of the documentation and the Monitoring Report, will determine whether or not to carry out the visit to the Centre.

Once the visit has been completed, if appropriate, the Assessment Committee shall issue a reasoned report that shall be submitted to the Certification Committee with a proposed resolution. The Certification Committee, in the light of the Report, shall decide on the appropriateness of the renewal of the Certification for a further period of 6 years.



The application for renewal of the implemented QASC certificate may be made jointly if it coincides with the institutional accreditation renewal date.

8. Regulations

RD 640/2021, of 27 July, outlines the establishment, validation, and authorisation of universities and university centres, as well as the accreditation of institutional university centres.

Royal Decree 640/2021, the Resolution of 3 March 2022 of the General Secretariat for Universities, which issues instructions on the procedure for the institutional accreditation of public and private university centres, and publishes the Protocol for the certification of internal quality assurance systems of university centres and the Protocol for the evaluation procedure for the renewal of institutional accreditation of university centres, approved by the General Conference on University Policy.

Protocol for the evaluation of the cases of degrees taught in several centres in the framework of the protocols of Institutional Accreditation of University Centres, (REACU, 29/04/2022).

Adaptation of the Guide to Royal Decree 822/2021, of 28 September, which establishes the organisation of university education and the procedure for quality assurance

9. Annexes.

Annex 01. Application for Certification.

Annex 02. Protocol for the evaluation of the implemented QASC.

Annex 03. Indicative list of evidence to be provided.

Annex 04. Follow-up certification of the implementation.

Anex05. Changes made to the guide.

Annex 01. Application for Certification of the Quality Assurance System implemented in the Centres of Andalusian universities.

Applicant University:

Legal representative of the University (to be taken into account for notification purposes)

TAX IDENTIFICATION NUMBER* (NIF) Name* First surname* Second surname*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal Code* Address* (complete: building, Avenue/Street - Municipality - Province)

<input type="text"/>	<input type="text"/>
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Tel. . Mobile* E-mail address Fax*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position

Responsible for the programme (if the same as the legal representative only include NIF and Name and surname)

TAX IDENTIFICATION NUMBER* (NIF) Name* First surname* Second surname*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cargo

Postal code Address (complete: building, Avenue/Street, Municipality - Province)

<input type="text"/>	<input type="text"/>
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Tel. Mobile E-mail address

<input type="text"/>	<input type="text"/>
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Applicant centre

Id:	Name:
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Head of the Centre:

TAX IDENTIFICATION NUMBER* (NIF) Name* First surname* Second surname*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal code Address of the Centre (complete: building, Avda./street, Municipality - Province)

<input type="text"/>	<input type="text"/>
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Tel. Mobile* E-mail address

<input type="text"/>	<input type="text"/>
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Position*



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*mandatory fields

List of degrees under the scope of the QASC certificate

Ministry ID	Official Degree Title	Type of degree (Joint-indicate coordinating university and other universities/imparted in various centres-indicate coordinating centre/other centres)	Date of renewal of accreditation (where applicable)

Exclusions to the scope of certification of the Centre's implemented QAS:

Ministry ID	Official Degree Title	Type of degree (Joint-indicate co-ordinating university/joint in several centres-indicate co-ordinating centre/other centres)	Reason

The university has communicated to the DEVA, the web link and the password to access the documentary system of the Centre's QAS, which contains the documentation requested in the "Guide for the certification of quality assurance systems implemented in the centres of Andalusian universities. IMPLANTA-QASC Programme"

In _____, on the date of signature
The legal representative of the university

Signed.:
Position:

Director of the Directorate of Evaluation and Accreditation of the Andalusian Knowledge Agency.
C/ Doña Berenguela s/n, 14006 Córdoba

DEVA undertakes to make correct use of the information contained in the web link provided in accordance with the instructions, if any, given by the requesting University and will not apply or use them for any purpose other than that for which they were provided, nor will it communicate them, even for safekeeping, to other persons.



Annex 02. Protocol for the evaluation of the implemented QASC.

STANDARD 1. PUBLIC INFORMATION	Successful Implementation	Sufficient Implementation	Conditional Implementation	Not implemented
The Centre has processes in place to ensure the publication of up-to-date information on its activities and the results of its training programmes.				

Aspects to be assessed by the committee:	Satisfactory	Sufficient	Insufficient
1. The Centre provides evidence of the functioning of the information process it publishes: How it collects information, monitors, periodically reviews and continuously improves it.			
2. The Centre, or the assigned responsible persons, make decisions on the information to be published taking into account the participation, the usefulness of the information and the identified needs of the different interest groups. The centre analyses and reviews the outcome of decisions taken over time.			
3. The Centre includes in the Improvement Plan , the monitoring of the actions that have been or are intended to be carried out as a result of the review of the analysis of the information published and the periodic review of the public information process. The centre analyses the results obtained.			
4. The Centre presents evidence of the analysis of the results obtained through the complaints/complaints/challenges/suggestions channel, which allows it to gather information from all the different interest groups.			
Justification:			



STANDARD 2. QUALITY ASSURANCE POLICY	Successful Implementation	Sufficient Implementation	Conditional Implementation	Not implemented
2.1. The Centre has a quality policy and public strategic objectives linked to its Quality Assurance System. 2.2. The Centre has processes in place to ensure the collection, analysis and use of information (results, data and indicators) for decision-making and the improvement of the quality of teaching. 2.3. The Centre has processes in place to ensure the continuous improvement of its training programmes.				

Aspects to be assessed by the committee:	Satisfactory	Sufficient	Insufficient
2.1. The Centre has a quality policy and public strategic objectives linked to its Quality Assurance System.			
2.1.1. The Centre provides evidence that it has defined responsibilities and appropriate stakeholders to ensure the proper functioning of the processes defined in the QASC and the collection of information for the periodic review of the quality policy and strategic objectives.			
2.1.2. The Centre provides evidence that it has a defined quality policy aligned with the strategic objectives. It provides evidence that it is updated and periodically reviewed based on the results obtained during the implementation of the QASC.			
2.1.3. The Centre provides evidence that it makes decisions based on the results obtained related to the deployment of the quality policy and strategic objectives, in which the different stakeholders are involved. The centre analyses and reviews the outcome of decisions taken over time.			
2.1.4. The Centre includes in the Improvement Plan the monitoring of the actions it has carried out or intends to carry out as a result of the periodic review of the Quality Policy and defined objectives. The centre analyses the results obtained.			
2.1.5. The Centre provides evidence of regular accountability to stakeholders on the results achieved			
2.2. The Centre has processes in place to ensure the collection, analysis and use of information (results, data and indicators) for decision-making and the improvement of the quality of teaching.			
2.2.1. The Centre has a systematised and updated information management system that enables the agile, reliable and complete collection of information and the results of the training programmes (students enrolled, credits recognised and procedure followed, academic, job placement and satisfaction of the different interest groups, where applicable, external placements and mobility), enabling trends to be analysed.			



Aspects to be assessed by the committee:	Satisfactory	Sufficient	Insufficient
2.2.2 The Centre monitors, periodically reviews and continuously improves the results (student enrolment, credits recognised and procedure followed, academic, job placement and satisfaction of the different interest groups, where applicable, external placements and mobility).			
2.2.3. The Centre includes in the Improvement Plan , the monitoring of the actions it has carried out or intends to carry out, based on the results and decision-making for the improvement of the degrees under its scope (student enrolment, recognised credits and procedure followed, academic, labour market insertion and satisfaction of the different stakeholders, if applicable, external placements and mobility), in which the different stakeholders participate. The analysis of data referring to at least the last three academic years in which the corresponding curricula have been implemented, so that it is possible to analyse trends and make comparisons between the indicators obtained and the established objectives.			
2.2.4. The Centre provides evidence of the functioning of the quality assurance system review procedure, based on the analysis of the results obtained (continuous improvement of procedures, detection of needs and proposals for improvement).			
2.3. Continuous improvement of its training programmes			
2.3.1. The Centre has defined responsibilities for ensuring the proper functioning of the processes linked to the design, review and improvement of training programmes, as well as for the analysis and improvement of these processes.			
2.3.2. The Centre provides evidence that it gathers information, analyses it and monitors the results of its training on offer in such a way that it makes decisions and identifies actions for improvement in its training programmes and enables it to adopt modifications and changes that favour the monitoring, renewal and innovation of its programmes on a regular basis.			
2.3.3. The Centre includes in the Improvement Plan the monitoring of the actions it has carried out or intends to carry out, based on the results of its training on offer.			
2.3.4. The Centre provides evidence that it has foreseen or, where appropriate, has used the process that allows for the termination of degrees and, where appropriate, in the light of the results obtained, the policy and objectives defined, to apply it, ensuring the corresponding quality assurance and equity measures.			
Justification:			



STANDARD 3. TEACHING AND RESEARCH STAFF	Successful Implementation	Sufficient Implementation	Conditional Implementation	Not implemented
The Centre has processes in place to ensure the training, competence and qualification of teaching staff.				

Note: The certification of the implementation of the DOCENTIA Programme will lead to the exemption in the assessment of these aspects.

Aspects to be assessed by the committee:	Satisfactory	Sufficient	Insufficient
1.The Centre provides evidence that it has defined responsibilities to ensure that procedures are in place for the collection of information to detect academic staffing needs appropriate to the characteristics of the Degrees, involving the different stakeholders.			
2.The Centre provides evidence that it receives useful information that it analyses, detects and identifies teaching staff needs for each degree or master's degree programme, according to its characteristics (for example: type of teaching - face-to-face, blended learning, teaching in the first year, languages, supervision of the End of Degree Project/End of Master's Project, etc.) and, if appropriate, passes them on to the competent bodies in the field.			
3.The Centre presents evidence that it has identified the needs detected, makes decisions and defines actions in which it promotes teacher training by means of an appropriate range of training on offer, and the results obtained allow the improvement in the quality of the teaching staff to be assessed.			
4.The Centre monitors the outcome of decision-making on the management of teaching resources and the evaluation of teaching quality.			
5.The actions resulting from the management of the teaching staff are reflected in the improvement plan and are reviewed on a regular basis.			
Justification:			



STANDARD 4. MANAGEMENT OF MATERIAL RESOURCES AND SERVICES	Successful Implementation	Sufficient Implementation	Conditional Implementation	Not implemented
The Centre defines processes that guarantee the availability of sufficient material resources and services for the provision of learning activities for students.				

Aspects to be assessed by the committee:	Satisfactory	Sufficient	Insufficient
1. The centre presents evidence that it has defined the responsibilities of the procedures for the collection of information on the activities carried out by the centre, identifying needs for the organisation of activities or the provision of material resources and administrative and service personnel in terms of: <ul style="list-style-type: none"> • Access and Admission • Registration • Teaching development • Evaluation 			
2. The Centre presents evidence of analyses and periodically reviews the information on the results that have been used to detect the need for new resources or services for the correct development of activities, material resources and administration and services staff, taking into account the specific characteristics of each degree programme and, if appropriate, forwards them to the competent bodies in this area.			
3. The Centre presents evidence of information on the control, periodic review and continuous improvement of the management of material resources and services that have an impact on the improvement of student learning activities.			
4. The Centre makes decisions , based on the results obtained, and defines actions on the management of activities, material resources and services, with the participation of the different stakeholders.			
5. The Centre includes in the Improvement Plan the monitoring of the actions it has carried out or intends to carry out as a result of the periodic review of the management of material resources and services.			
Justification:			

STANDARD 5. MANAGEMENT AND RESULTS OF TEACHING-LEARNING PROCESSES	Successful Implementation	Sufficient Implementation	Conditional Implementation	Not implemented



The Centre defines processes that will ensure that the actions it undertakes contribute to student learning.				
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Aspects to be assessed by the committee:	Satisfactory	Sufficient	Insufficient
1. The school provides evidence that it has defined responsibilities for the procedures for collecting information on the development of all the support and guidance actions that contribute to promoting student learning: <ul style="list-style-type: none"> • Academic (PAT) and vocational support and guidance. • Teaching methodologies and assessment of learning. • End of Degree Project/End of Master's Project management (assignment, supervision and evaluation). • Where appropriate, management of external placements and mobility. • Mechanisms regulating guidelines affecting the student body (regulations, recognition and certification). 			
2. The faculty/university analyses the information on the results obtained on the application of the mechanisms for access and admission, enrolment, recognition and certification of learning appropriate to the specificities of the degrees it offers and takes decisions based on the monitoring of these results.			
3. The centre analyses the information on the results of the monitoring of the support and academic guidance system (such as having a Tutorial Action Plan - TA Plan) and professional guidance of the students, which covers all the phases of the development of the teaching and learning process and analyses the effect on entering the professional sector.			
4. The centre has information on the results obtained from the application of <u>teaching methodologies and assessment of learning outcomes, which enables it to make decisions and define actions on the design of new methodologies or the revision of existing ones</u> , ensuring that they are adapted to the characteristics of each of the training programmes.			
5. It monitors these actions to ensure that teaching methodologies and assessment systems are relevant and adequate to promote and certify the intended learning outcomes.			
6. The centre analyses the information and results obtained from the management of the <u>End of Degree Project/End of Master's Project</u> (assignment, supervision and assessment) and, where appropriate, <u>external placements</u> , which enable them to take decisions and define actions to ensure the correct development of these.			
7. The results on the tasks specific to the professional field for which the external placements were assigned are analysed, as well as for the management of <u>mobility</u> , and the results of the actions will be reported in order to demonstrate that the mobility actions planned and carried out in the training programmes were adequate to the objectives pursued.			
8. The Centre provides evidence that the results of these processes are collected and analysed on a regular basis and contribute to the continuous improvement of the aforementioned learning process and to decision-making .			



9. The centre develops mechanisms that ensure a research structure that plans and develops research programmes and projects with internal and/or external funding, so that research results are achieved in line with the lines of research of the doctoral programme in which they participate, with international benchmarks in their corresponding disciplinary fields, and knowledge transfer is carried out in collaboration with entities, companies, institutions and organisations, among others, which generates innovation and progress in society.			
10. The Centre includes in the Improvement Plan , the monitoring of the actions it has carried out or intends to carry out, as a result of the periodic review of the results of the aforementioned teaching-learning processes.			
Justification:			



Annex 03. Indicative list of evidence.

Evidence	Standard 1.	Standard 2.	Standard 3.	Standard 4.	Standard 5.
1. Centre's website.	X	X	X	X	X
2. Reports, documents or minutes evidencing analysis of results, decision-making and accountability to stakeholders on a regular basis.	X	X	X	X	X
3. Improvement plan that includes the monitoring over time of defined actions derived from the decision-making of the different processes aimed at satisfying and resolving the needs or weaknesses detected, identifying the persons or bodies responsible for these actions, a deadline for execution, a monitoring system and indicators for measuring their execution and the goals to be achieved.	X	X	X	X	X
4. Current Quality Manual and revisions.	X	X	X	X	X
5. Procedures Manual(Processes and procedures implemented in line with ESG standards and guidelines (it is advisable to present a process map).	X	X	X	X	X
6. QASC revision report. Including improvements made or actions that have led to the review.	X	X	X	X	X
7. Updated Quality Policy and Strategic Objectives of the Centre. Evidence of its review and analysis by means of a scorecard or similar (documents, minutes, etc...) showing the achievement of the defined goals and the definition of new ones, decision making based on results and the participation of stakeholders.	X	X			
8. Information management system.		X	x	x	x
9. Monitoring of the analysis of the results of the Centre's degrees, related to the decisions adopted that have served to improve the management of the teaching-learning process, of the student body enrolled in each modality taught in at least the last 3 academic years and analysis of trends.	X	X		X	X
10. Monitoring of the data relating to the main performance indicators for each of the degrees, referring to at least the last three academic years and analysis of trends, linked to the decision-making process.		X			X
11. Analysis of the monitoring of the results of the information collected in the process of complaints/claims/challenges/suggestions submitted and dealt with in relation to the Centre's qualifications.	X			X	X
12. Documentation evidencing stakeholder participation in the design, review and monitoring of training programmes.		X			
13. Analysis of the results and monitoring of the evaluation and management of the teaching staff and, as a consequence, the training actions proposed to resolve the deficiencies detected. (Indicator: needs detected - No. of training activities proposed - analysis of results) and decisions taken.		X	X		



Evidence	Standard 1.	Standard 2.	Standard 3.	Standard 4.	Standard 5.
14. Information or document containing the monitoring of the actions planned to promote innovation in teaching methods and the use of new technologies. Analysis of the results of the training offered.		X	X		
15. Disaggregated results indicators (favourable, unfavourable, excellent) of the teaching quality assessment procedure of the teaching staff (if applicable of the DOCENTIA Programme) and follow-up of the consequences applied. Indicating the teaching staff evaluated over the teaching staff that can be evaluated in the centre. (% of those evaluated out of the possible).			X		
16. For each degree, trend analysis of the indicators relating to teaching staff such as percentage of PhDs teaching the degree, percentage of degree credits taught by PhDs, six year/five year research periods ratio among teaching staff teaching the degree, percentage of teaching activity of teaching staff teaching the degree that is evaluated annually and percentages of teaching staff in the different performance categories. Detection of needs and decision making as a result of the analysis.		X	X		
17. Satisfaction indicators of the main interest groups (at least teaching and research staff, students, graduates and administrative and service staff).	X	X	X	X	
18. Policy review document defined for teaching and research staff.			X		
19. For each degree/Centre. Reference to the analysis of results linked to the needs detected in the management of the centre's material resources and administration and services staff and follow-up of decision-making.		X		X	
20. Document on Maintenance Plans, review and update.				X	
21. Analysis of requests, complaints and suggestions received in central services, with respect to resources, and actions taken for analysis and decision-making.	X	X		X	
22. References Applicable regulations that affect students, approved, updated and public.	X				
23. Deployment of the student guidance actions and the tutorial action plan, which should include, where appropriate, actions related to each of the degrees.	X				X
24. Information on the actions carried out for academic and vocational guidance; where appropriate, it should include actions related to degrees.	X				X
25. For each degree, information and detailed list of students with recognised credits and the adequacy of the procedure followed. Data analysis will refer to at least the last three years and will include trend analysis. Detection of needs.					X
26. Reference to information on the results of learning methodologies and their adequacy in the different degrees offered by the Centre, the data will refer to at least the last three academic years and will include trend analysis. Decision-making in relation to the results obtained.		X			X



Evidence	Standard 1.	Standard 2.	Standard 3.	Standard 4.	Standard 5.
27. Reference to the information on the results of the different degrees offered by the Centre, the assessment systems and their suitability for reliably certifying the acquisition of learning. The data shall cover at least the last three years and include trend analysis. Decision-making in relation to the results obtained.		X			X
28. Reference to information on the results and analysis of the management of the End of Degree Project/End of Master's Project, where applicable, external placements and mobility. Decision-making in relation to the results obtained.	X	X		X	X
29. Results of the analysis of student satisfaction with guidance and learning support services.					X



Annex 04. Follow-up certification of the implementation.

The monitoring proposal for the Centres with QAS certified in the IMPLANTA Programme is aligned with what is established in the current regulations:

RD822/2021 in Article 29. Follow-up procedure for degrees taught in institutionally accredited university centres¹.

The monitoring of degrees taught in institutionally accredited university centres will be carried out within the scope of the monitoring of these centres, in accordance with the provisions of article 14 and concordant articles of Royal Decree 640/2021, of 27 July, on the creation, recognition and authorisation of universities and university centres, and institutional accreditation of university centres".

*RD 640/2021² in its art 14 8. In the assessment procedure for the renewal of institutional accreditation, a report shall be issued by a panel of external experts independent of the institution applying for accreditation, appointed by ANECA or by the corresponding quality agency. The procedure developed by the agencies to carry out the renewal of the institutional accreditation of centres shall follow the general protocol that, at the proposal of the Ministry of Universities, is established within the General Conference on University Policy. Likewise, **all the monitoring reports of the different official degrees offered in the centre must be taken into account, as well as the reports of ANECA and the corresponding quality agency issued in that six-year period in relation to the different official degrees offered.** ANECA and the external evaluation bodies of the Autonomous Communities shall provide each other with information relating to such evaluations.*

Therefore, in order to monitor the Centres' QASs, a self-assessment report is required to demonstrate the effectiveness of their QAS. The correct development of the QAS will be analysed, as an instrument for monitoring, analysing and taking decisions on the training programmes of the official university bachelor's, master's and, where appropriate, doctoral degrees taught at the centre, in order to ensure its results and continuous improvement. The information to be covered by this self-report and its evidence shall cover the period between the date of obtaining the last certification of the QAS and the date on which the follow-up is submitted.

In order to draw up the self-assessment report of the institution, compliance with the standards and guidelines for quality assurance in the European Higher Education Area (ESG) will be taken into account, taking as a reference the Standard established for the certification of the implementation of the QAS in this guide.

The purpose of this annex is to identify the process to be followed by the University in order to apply for the follow-up certification of the Centre's QAS.

Applications:

¹ Royal Decree 822/2021, of 28 September, which establishes the organisation of university education and the procedure for quality assurance

²RD 640/2021, of 27 July, outlines the establishment, validation, and authorisation of universities and university centres, as well as the accreditation of institutional university centres.



DEVA will open a period of time for the University to request the monitoring of the Centre's QAS.

The information will be submitted through the IMPLANTA platform, to which the universities will have access beforehand.

Documentation:

The University shall submit the documentation in the format established as "Centre Self-Assessment Report".

Process:

Once the documentation has been received, the evaluation will be assigned to the evaluation committee previously appointed by DEVA. This assessment committee shall be made up of experts in the assessment methodology and with knowledge of Quality Assurance Systems, at least one of whom must be a student of an official qualification. At least two of these persons shall have been involved in the initial certification assessment process, where possible.

The evaluation committee shall issue a follow-up report and, in the light of this report, may determine whether a further follow-up should be carried out before the expiry of the Certificate.

Centres that have been recognised by the DEVA as having the implementation certification based on the AUDIT programme (ANECA), must present and follow up the implementation certification according to the deadlines established in the IMPLANTA programme. The report resulting from these evaluations will contain guidance for these Centres to adapt their systems procedures. This monitoring will set deadlines for pending adaptations.

The result of the monitoring for these centres, in view of the monitoring report, may have effects on the Certification date of the implemented QAS, so that they are aligned with the Institutional Accreditation Renewal date, by resolution of the Management.

The IMPLANTA Monitoring Centre Self-Assessment Report document is structured in two parts and has a dual purpose:

1. **Amendment of the QASC.** Its purpose is to document changes and modifications to the QASC made since certification of its implementation. The Monitoring Committee will evaluate and validate these changes.
2. **Internal Quality Assurance.** Its purpose is to show the dynamism of the QASC through the continuous improvement cycles implemented in the 5 standards, providing evidence, stakeholder commitments and improvement actions.



Centre Self-Assessment Report. IMPLANTA Follow-up

(The period to be covered by the information to be analysed shall be the period between the certification of the implementation of the QASC and the monitoring date. Maximum length 15 pages)

Name of the Centre:

RUCT code:

University:

Link to the certified QASC Version (including passwords if available):

Follow-up date:

1. Presentation of the centre.

(Approximate length 1 page. Approx. 500 words).

[In this section, the institution should give an overview of the institution in order to situate the people for whom the report is intended. Data can be provided on the most significant milestones in the centre's trajectory since the QASC was certified, for example: changes in the governing teams, evolution of its degrees (new degrees, extinctions, mergers, joint degrees or degrees taught in affiliated centres, evolution of enrolment, graduates, teaching staff and their typology, changes of buildings in the teaching of degrees, etc.).]

2. Review of the Centre's Quality Assurance System (QASC).

Submit modifications to the QASC³: YES NO

Summary of findings underlying the amendment

(Approximate length 1 page. Approx. 500 words).

[If applicable, brief summary of the rationale for the changes that have been made in the review of the QASC, based on evidence⁴].

Evidence:

[To be included as an attachment or link to a single document including QAS change history].

Changes to the QASC should be identified by listing them and including for each of them the following information in order to be able to assess their adequacy (free format for the institute):

1. Initial QAS document not revised:	
2. Change made/proposed ¹ :	
3. Supporting document or evidence:	
4. Date and body of approval:	

3. Evidence of the Centre's internal Quality Management review.

(Approximate length 11 pages. Approx. 10,000 words).

³This evaluation validates **the modifications made to the QAS of Institutionally Accredited Centres**. These modifications will not be subject to evaluation in the process of modification of degrees established in RD 822/2021. The rest of the modifications that affect official degrees will be evaluated in the corresponding modification procedure.

⁴Identify, as a consequence of the Covid-19 pandemic, whether there have been any changes in the inclusion or revision of procedures in terms of risk prevention.



[Brief description of the decisions related to the internal quality management of the institute and the periodic review of the institute's Quality Assurance Policy and the defined strategic objectives. Show that the policy is based on the results achieved in the period since certification. Evidence should show the degree of compliance with these objectives, taking into account the achievement of defined targets or standards over a set period of time (annual review is recommended). The Centre should make reference to what results of the implementation of the QAS have served as evidence to achieve the objectives and make decisions that impact on the review of its system. For example: Degree indicators, results of the evaluation and analysis of the teaching staff, definition of new objectives, etc.].

[The information on the monitoring and achievement of the objectives must be based on the results of the management of the degrees from an integrative perspective. The evaluation will be carried out by verifying the continuity of the fulfilment of the Standards defined in the guide and the indicative list of evidence that appears in the IMPLANTA programme guide. The information shall be presented in a structured form:

	Add at Centre level	Disaggregate to Degree level
Standard 1. Public Information.	X	
Standard 2. Quality assurance policy	X	X (Design, verification, monitoring, etc.)
Standard 3. Teaching and research staff		X
Standard 4. Management of material resources and services	X	X
Standard 5. Management and outcomes of teaching-learning processes		X

On a case-by-case basis, standards 2, 3, 4 and 5 should provide further information to demonstrate the monitoring, where appropriate, of the specificities of the different degrees under the scope of the Centre. Evidence of the monitoring and particularities of the different degrees (degrees with special monitoring, joint degrees, changes in the nature of the degree, degrees taught at several sites, specific infrastructures, specific training plans for teaching staff, etc.).

Main recommended evidence:

- The Centre's Quality Assurance Policy and the strategic objectives defined, achieved, in progress or, where appropriate, new ones.
- Scorecard or indicator systems showing the achievement of targets, and definition of new ones. Indicator monitoring evolution and review cycle.
- Results-based decision-making and stakeholder involvement in the different procedures.
- Self-reports and reports on the Centre's degrees, from the different programmes Verification, Modification, Monitoring and Renewal of Accreditation (this information will be consulted from the history of the degrees held by DEVA).

4. Follow up of the Centre's improvement plan.

[To be included as an attachment or link to a single piece of QAS evidence]

[This section will present the Centre's improvement plan, based on the analysis of data, indicators and results and the decisions taken as a result of the application of the QAS. A document shall be submitted assessing the follow-up of actions identified, defined and implemented, achieved, in progress, etc., in the period between the certification of the implementation of the QASC and the follow-up date.

The improvement plan shall include the actions that are being carried out and have been detected in the implementation of the QASC. It must be drawn up in an organised and hierarchical manner, including the proposed actions identified at the level of the centre, degree and/or process, identifying the persons/entities responsible, the tasks to be carried out or, where



applicable, the priority of the action, the implementation timetable, monitoring indicators for each of the improvement actions identified and compliance with the indicator. In this way, it will be possible to report if they have been resolved or the reasons why they could not be carried out and if a new proposal has been made for a later period, as well as to identify actions and the results of these, of new titles that have been included under the scope of the QASC in the period of time since the certification.

The improvement plan must contain a specific section identifying the aspects detected in the different programmes for the Verification, Modification, Monitoring and Renewal of the Accreditation of the Centre's degree programmes. The actions defined to resolve them, how they have been carried out and the results obtained, based on evidence].

5. Report on how the different aspects detected in the certification report have been addressed and resolved.

(Approximate length 2 pages. Approx. 1000 words).

[In this section, the evidence or information that responds to the different aspects detected in the Certification Report shall be presented. If an issue has been resolved in the previous sections (e.g. action XX-01 Improvement plan), the information shall not be repeated, a call to the corresponding section shall be made].



Annex 05. Changes made to the guide.

Modified version	Section	Description of change in this version 4.0
V3.0 21/07/2022	3. Implementation certification procedure. 5. Committees: composition and functions 7. Monitoring and Renewal of the Certificate 9. Annexes.	3. Improvements to the procedure 5. Abolition of the Reporting Committee. 7. Submission of applications through the Single Electronic Register of the Regional Government of Andalusia. 9. Deletion of Annex 04 Final Report
V02. 29/06/2021	9. Annexes.	Inclusion of new Annex 05. SGGC follow-ups implemented. Numbering change: Annex 05 becomes Annex 06. The document that makes up the self-monitoring report has been drawn up and submitted for consultation with the Andalusian universities.
V02. 29/06/2021	8. Monitoring and renewal of the Certificate	Extend to 6 years the validity of the implementation of the QASC and extend to 3 years the monitoring of the QAS.
V02. 29/06/2021	6. Organisation and planning of the process	Section. 1º. Deletion of the text "annual call for proposals". Section. 8º Inclusion of the date of presentation of the action report in the event of obtaining "conditional" and correction of a typo. Extend the validity of the certificate to 6 years, bringing it into line with RD640 on Institutional Accreditation. Reduce to 1 year the period for submitting a call in case of an unfavourable report.
V02. 29/06/2021	All sections	Adaptation of the text to RD 640/2021 legislation. Improvements in the wording of the Guidance texts and clarification of all the Standards. Adaptation of the different sections to the standardised structure for DEVA guidelines.
V01. 19/02/2021	All sections.	Improvements in the wording of the Guidance texts and clarification of all the Standards. The possibility of recognition of AUDIT Certification is eliminated. Standard 3 is included as a sub-standard of Standard 2. Quality assurance policy Update the table. Relationship between the standards defined by DEVA and the standards in chapter 1 of the ESG 2015 relating to the QASC. The possibility of receiving a conditional certification report is included. The assessment of the standards is increased from 3 to 4 categories. The Secretary of the Certification Committee, DEVA technical staff, is included. The information requested in the follow-up is included. Revision of the evaluation questionnaire, according to the reform of the guide.
V01. 19/02/2021	ANEXO 02. Protocol for the evaluation of	Revision of the evaluation questionnaire, according to the reform of the guide.



	the implemented QASC.	
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