

Annex. Follow-up of certified implementation

The follow-up proposal for Centres with certified IQAS according to IMPLANTA programme, is in line with the provisions in the regulation in force:

RD822/2021, Article 29. Procedure for follow-up of degrees provided at institutionally accredited centres¹.

The follow-up of the degrees delivered by institutionally accredited centres will be carried out within the centres follow-up framework, in accordance with the provisions in article 14 and concordant with Royal Decree 640/2021, 27 July, on the creation, recognition and authorisation of universities, and institutional accreditation at university centres”.

*Royal Decree 640/2021², Article 14 8. In the evaluation procedure for renewal of institutional accreditation, the review report is issued by the expert panel, which is composed of independent evaluators, who are external to the applicant institution and appointed by ANECA or the corresponding quality assurance agency. The procedure developed by the agencies to conduct institutional accreditation renewal of centres, will follow the general protocol which, according to the Ministry for Universities proposal, is provided within the General Conference for University policy. Likewise, all **the follow-up reports on the different official degrees offered at centres will be taken into account, as well as the reports issued by ANECA and the corresponding quality assurance agency throughout six years with regard to the different degrees offered**. ANECA and the external quality assurance bodies at the Autonomous Communities will facilitate mutual information related to these evaluations.*

Therefore, a self-evaluation report including evidence of IQAS efficiency is requested to carry out the centres IQAS follow-up. The correct development of the Internal Quality Assurance System will be analysed, as a tool implemented for the follow-up, analysis and decision making of educational programmes corresponding to official university Bachelor and Master and Doctorate degrees, provided in the centre, to ensure their learning outcomes and continuous improvement. The information and documentary evidence included in the report will encompass the date between the last IQAS certification and the follow-up application date.

¹ Royal Decree 822/2021, 28 September, on the organisation of Higher Education and the procedure for its quality assurance.

² Royal Decree 640/2021, 27 July, on the creation, recognition and authorisation of universities and university centres, and institutional accreditation of university centres.



Compliance with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) will be taken into account to prepare the centre self-evaluation report, as well as the criteria provided in this guide to certificate IQAS implementation.

This annex aims at identifying the process developed by the University to apply for the follow-up of the Centre Internal Quality Assurance System certification.

Application:

DEVA will establish a period of time so as to the University can apply for the follow-up of the Centre IQAS.

The information will be submitted through the IMPLANTA programme platform, which will be previously accessible to universities.

Documentation:

The University will submit documentation in the provided format “Self-evaluation report of the Centre”.

Process:

After receiving documentation, the review is assigned to the evaluation commission previously appointed by DEVA. This evaluation commission is composed by 4 experts in evaluation methodology, with knowledge of Quality Assurance Systems, and one of them is a student in an official degree. Whenever possible, at least two of these members would have participated in the initial review process for certification.

The evaluation commission will issue a proposal for follow-up report, and in view of this report, the commission might determine the convenience of conducting a new follow-up review before the Certificate expires.

The Centre which has a Certification of implementation recognised by DEVA, and based on the AUDIT programme (ANECA), must present and carry out the follow-up of implementation certification according to the deadline established in IMPLANTA programme. The report issued on these evaluation will include the relevant guidelines so that these Centres can adapt their systems procedures. This follow-up will provide the deadline to implement the corresponding adaptation.



The follow-up result of these Centres, in view of the follow-up report, might affect the Certification date of implemented IQAS, in line with the date of Institutional Accreditation Renewal, after resolution by the Directorate.

The Centre Self-evaluation report on IMPLANTA Follow-up, is structured in two sections and it has a double purpose:

1. **IQAS review.** Its purpose is to document the changes and modifications produced in IQAS since its implementation was certified. The Follow-up Commission will review and validate these changes.
2. **Internal Quality Assurance.** Its purpose is to display IQAs dynamism through the cycles on continuous improvement implemented in 5 standards, by providing documentary evidence, stakeholders commitment and actions for improvement.



Centre Self-evaluation report. IMPLANTA Follow-up

(The term covered by the information provided for review must refer to the period between certification of IQAS implementation and the follow-up date. Maximum 15 pages)

Centre denomination:

RUCT Code:

University:

Link to the certified IQAS version (including passwords if required):

Follow-up date:

1. Presentation of the centre.

(Aprox. 1 page. Aprox. 500 words).

[In this section the institution must provide a general overview on the centre to the experts the report is addressed. The centre can provide data on the most relevant milestones in the centre records, since the implemented IQAS was certified, such as: changes in governing teams, degrees evolution (new degrees, extinction, fusion, joint degrees or delivered by ascribed centres, enrolment evolution, graduate students, teaching staff and ranks, change of buildings for the degrees provision, etc.)].

2. Review of the Centre Quality Assurance System (IQAS).

Presents modifications to IQAS³: YES NO

Summary of results on which the modification is based

(Aprox. 1 page. Aprox. 500 words).

[If applicable, a brief summary explaining the changes produced in IQAS review, including documentary evidence⁴].

Evidence:

[A summary on IQAS changes must be included in an attached document].

IQAS changes must be identified and enumerated including the following information in order to evaluate their adequacy (open format for the centre):

1. Initial document on IQAS without review	
--	--

³This review validates the **modifications conducted by on the IQAS** of institutionally accredited Centres. These modifications will not be subject to review in the degrees modification process provided in RD822/2021. The rest of modifications that affect to official degrees, will be reviewed in the corresponding modification procedure.

⁴ Identify if, as consequence of Covid-19 pandemic, the modifications with regard to inclusion or revision of procedures concerning risks prevention have been included.



2. Changed included/proposed ¹ :	
3. Document or evidence:	
4. Date and body of approval:	

3. Evidence the review of the Centre management of Internal Quality Assurance.

(aprox. 11 pages. Aprox. 10.000 words).

[Brief description of the decisions related to the management of the centre internal quality assurance, the periodic review of the Policy for Quality Assurance and the defined strategic goals. Evidence that the policy is in the outcomes achieved since certification date. Documentary evidence must include compliance with these goals, by taking into account the attainment of the intended goals or defined standards throughout an established period (annual review is recommended). The Centre must specify the IQAS results used as evidence to achieve the goals and make decisions to impact its system review: degrees indicators, evaluation results and teaching staff analysis, definition of new objectives, etc.].

[The information on follow-up and results achievement must be based on the degrees management outcomes from an integrating perspective. The evaluation includes the review of compliance with the Standards defined in this guide and the illustrative list of documentary evidence provided in the IMPLANTA programme guide. This information is structured as:

	Add the Centre level	Disaggregate at Degree level
Standard 1. Public information.	X	
Standard 2. Policy for quality assurance.	X	X (Design, verification, follow-up, etc.)
Standard 3. Teaching and research staff.		X
Standard 4. Management of material resources and services.	X	X
Standard 5. Management and teaching and learning outcomes.		X

According to each case, standards 2, 3, 4 and 5 should provide more information that evidences the follow-up, if applicable, on the peculiarities of the different degrees within the Centre scope. Evidence the follow-up and peculiarities of the different degrees (degrees with special follow-up, joint degrees, modifications in the degree nature, degrees delivered at different centres specific infrastructures and training plans for teaching staff, etc.).



Main documentary evidence recommended:

- Policy for Quality Assurance at the Centre and the intended strategic objectives, achieved, in process, or if applicable, new goals.
- Monitoring board or indicators system that evidence goals achievement, and definition of new ones. Evolution of the follow-up of indicators and review cycle.
- Decision making based on the outcomes and stakeholders participation in the different procedures.
- Self-evaluation reports and reports on the Centre degrees, on the different programmes for Verification, Modification, Follow-up and Accreditation Renewal (this information will be provided from DEVA degrees register).

4. Follow-up of the Centre plan for improvement.

[Include an attached file or link to the only evidence on IQAS]

[Provide in this section the Centre plan for improvement, based on the analysis of data, indicators, outcomes and decision making as a result of IQAS application. Submit a document including the follow-up of the actions identified, defined and implemented, either achieved, or in process, etc., throughout the period of time between the date of certification of IQAS implementation and the follow-up date.]

The plan for improvement must include the actions in progress and detected through IQAs application. It must be hierarchically organised and developed, including the actions proposed and identified at Centre level, degree and/or process, identifying the responsible staff/entities, the tasks to carry out, priority of the action, implementation timeline, follow-up indicators in each one of the actions for improvement identified and the indicator compliance. In this regard, provide information on how these actions were resolved or the reasons why they could not be implemented and if a new action has been proposed for a future period. The actions and their results of new degrees that had been included within IQAS scope since the certification date will be identified.

The plan for improvement must include a specific section by identifying the aspects detected in the different programmes for Verification, Modification, Follow-up and Accreditation Renewal at the Centre. The actions defined to resolve them, how they were developed and the outcomes achieved, based on evidence.].



5. Report on the management of the different aspects detected in the certification report.

(Aprox. 2 pages. Aprox. 1000 words).

[Provide in this section evidence or information related to the different aspects detected in the Certification report. Whether any aspect has been resolved in the sections above, (such as: action XX-01 Plan for improvement), the information will not be included again, though the corresponding section will be mentioned.]