

Quality Enhancement Handbook

for Icelandic Higher Education

2017

2nd Edition



Quality Board
for Icelandic Higher Education

Preface to the 2nd Edition of the Quality Enhancement Framework Handbook

The Icelandic Quality Enhancement Framework (QEF) provides an environment within which the Higher Education Institutions (HEIs), individually and collectively, secure the standards of all their degrees, and systematically enhance both the students' experience and the management of their research efforts. The QEF also provides important public accountability that the autonomous HEIs exercise effectively their responsibilities for quality and standards. While rooted firmly in Icelandic traditions, culture, and legal and social frameworks, the QEF is outward looking, benchmarked against leading international practice and criteria.

Following the publication of the 1st Edition of the Quality Handbook for Icelandic Higher Education in 2011, the Quality Enhancement Framework (QEF) has been fully implemented and the Quality Board and Quality Council are now well established in the Icelandic higher education landscape. Over the first cycle, all HEIs have undertaken a full round of Institution-led Subject-Level Reviews (SLRs) and the Quality Board has undertaken a full round of Institution-Wide Reviews (IWRs) of all HEIs and Review Reports published. The Quality Council have been very active in supporting sector-wide enhancements in managing quality and standards.

The individual Student Associations together with the National Union for Icelandic Students have been active in stimulating further developments in effective student engagement. Collectively, we therefore approach the publication and implementation of this 2nd Edition, effective from autumn 2017, confidently building on the foundations and outcomes of the first Cycle. All HEIs now have well-established processes for enhancing provision through their subject level reviews and for enhancing the overall institutional management of quality and standards through their strategic and operational monitoring and planning processes.

The QEF continues to be dynamic, evolving and developing from its roots in the 1st Edition of the Handbook (2011) and preceding accreditation processes. In developing this new edition much has been gained from extensive internal and external evaluations of the QEF, and wide discussions with Rectors, students and their local and national associations, officials from the Icelandic Ministry of Education, Science and Culture (MESK), and senior staff from all the HEIs sitting round the table of the Quality Council.*

This has led to a number of minor improvements in all aspects of the QEF together with a few more substantial developments. Five of the more significant changes are the inclusion of the management of research within the framework, the responsibility for SLR being placed more firmly within the HEIs, the provision of public information from SLR, the appointment of a student to full membership of the Quality Board, and the addition of transparency as a cornerstone of the QEF.

Importantly however, this 2nd Edition is very clearly an evolution from the 1st Edition: there has been no appetite for revolution. Far from it. Most notably of all, the QEF remains true to its founding principles from which all else continues to flow.

***Notes for further guidance on individual Handbook Paragraphs are available at www.qef.is/publications-and-resources/**

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List of abbreviations

ESG. Standards and Guidelines for Quality Assurance in the European Higher Education Area.

Also known as European Standards and Guidelines.

HEI. Higher Education Institution.

IWR. Institution-Wide Review.

MESC. Ministry of Education, Science and Culture in Iceland.

QEF. Quality Enhancement Framework.

QEF2. Quality Enhancement Framework, 2nd Edition

RA. Reflective Analysis.

REAC. Research Evaluation Advisory Committee.

SLR. Subject-Level Review.

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Introduction and context

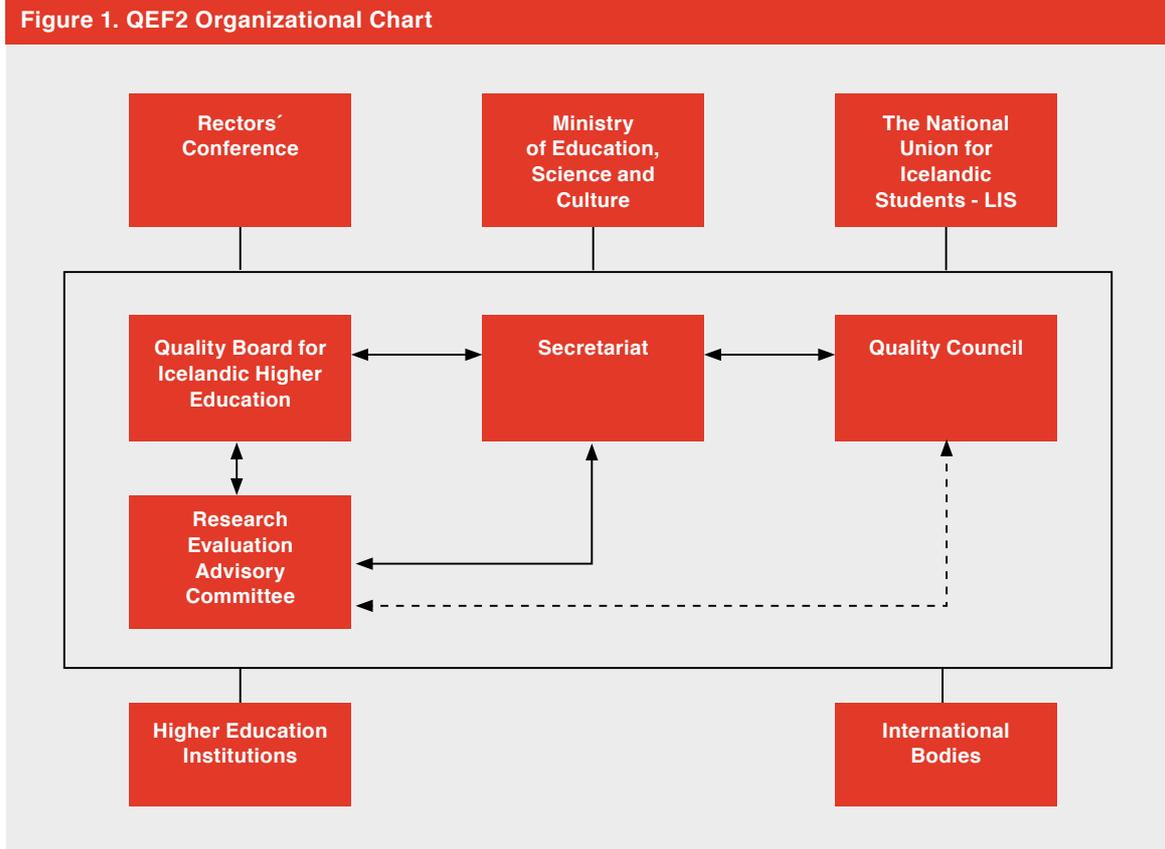
1. The higher education sector in Iceland reflects the diversity of needs of Icelandic society in relation to teaching and learning; research and scholarship; outreach; meeting local and national economic and social requirements; and, supporting an internationally competitive research and development base. Although most of the population is concentrated round the greater Reykjavik area, there is still a significant part of the population to be served in other parts of the country. To address this diverse range of demands, a higher education sector has emerged which encapsulates relatively small specialist HEIs, small rurally-based institutions, and larger multi-faculty institutions in the urban areas in both Reykjavik and Akureyri. In addition to variation in size and focus there is also a range of funding mechanisms in place to support both public and private institutions. The Icelandic QEF continues to be developed to address this complex pattern of provision in HEIs. Icelandic HEIs operate under law 63/2006 on universities and 85/2008 on public universities with later amendments. HEIs must also operate in accordance with the Icelandic National Qualification Framework for Higher Education as described in regulation 530/2011 and regulation 321/2009 on quality assurance of teaching and research in universities. This Handbook has been constructed to accord with these laws and regulations in full. Finally, special care has also been taken to incorporate a gendered perspective as appropriate in accordance with law 10/2008 on gender equality.

2. While the 2nd Edition is based very firmly on the 1st Edition, it nonetheless introduces a number of significant developments including:

- The evaluation of the management of research and establishment of a Research Evaluation Advisory Committee (REAC)
 - A student member appointed to the Quality Board
 - Encouragement to support students' work on quality through formal recognition, for example in Diploma Supplements
 - Annual meetings between Quality Board and HEIs to have a more formal agenda including follow-through to recent SLRs
 - Explicit links between SLRs and IWRs
 - The introduction of a seven-year cycle for IWR including a sector Year of Reflection in the final year
 - The introduction of a Mid-term Progress report in year 3 or 4 following up developments since the previous IWR Report was published
 - Encouragement to link IWR more explicitly to institutional strategic planning cycles
 - Explicit reference to previous reviews in IWR
 - The use of a common data set across all reviews as required by the MESC
 - Increased practical guidance on implementing aspects of the QEF
 - An explicit complaints and appeals system within the Quality Enhancement Framework
3. In revising the QEF, in addition to drawing on the experience of the Board, valuable contributions have been provided through:
- The feedback received from students and HEIs throughout the lifespan of the 1st Edition at the Annual Meetings, Consultative Conferences and other fora
 - Discussion with, and feedback from, the Quality Council
 - The responses to the evaluation survey from HEIs, Student Associations, the Rectors' Conference, the Science Committee of the Icelandic Science and Technology Council and externals involved in IWRs and SLRs throughout the first cycle
 - The independent review of the first cycle undertaken by Clever Data "Review of the Quality Enhancement Framework for Higher Education in Iceland"
 - The commentary and report from the independent international expert appointed by the Quality Council to oversee the evaluation of the first cycle
 - Feedback from and ongoing discussion with representatives of MESC
 - Miscellaneous documents relating to legislation on Icelandic Higher Education

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- Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), European Association of Quality Assurance Agencies (ENQA), 2015
 - Guidelines of Good Practice, International Network of Quality Assurance Agencies in Higher Education (INQAAHE), 2007.
4. Notwithstanding the above developments, the 2nd Edition represents very clear continuity from the 1st Edition. The bedrock of the Quality Enhancement Framework lies in the founding principles which remain unaltered, with the addition of transparency.



SECTION 1: The Founding QEF Principles and Values

The six cornerstones of the Icelandic approach to managing quality and standards and their importance in all activities connected with the QEF

5. Ownership of quality and standards. Ultimately, it is only through the actions and practices of the HEIs that the quality of the student learning experience and standards of their awards can be assured and enhanced. The Quality Board therefore views its prime purpose as being the support of the autonomous higher education institutions in their management of quality and standards. Demonstrating that the most zealous guardians of quality and standards are the autonomous higher education institutions themselves – individually and collectively – will be one of the key indicators of success of the QEF.

6. Enhancing the quality of the student learning experience and safeguarding standards of awards. One of the hallmarks of good academic practice is the constant quest for better understanding. That is obviously true in the context of research. It is equally applicable to managing teaching and learning. We are continually trying to improve our understanding of the learning processes in higher education and thereby develop more effective ways in which we can support effectively the experience of our students. The QEF has therefore been developed to support the HEIs, not simply in the basic assurance of quality, but in the continuing enhancement of the learning experience of all students whom they serve, regardless of physical or mental health status, gender, sexual orientation, skin colour, nationality, religion, residence or financial situation. Enhancing the learning experience of students and safeguarding the standards of their degrees are fundamental objectives of the QEF. Equally, it is important that teaching in a HEI is informed by appropriate scholarship and research, and the QEF therefore also has a focus on the effectiveness of the management of research – made more explicit in this 2nd Edition.

7. Involvement of students. A defining feature of higher education in all its richness and diversity is its relationship with the changing boundaries of knowledge. Students, through their higher education experience, discover how knowledge and professional practice have been created and continue to evolve. Students become actively involved in knowledge creation rather than simply being passive recipients of 'facts' that they are required to repeat on demand at assessment. This provides graduates with the basis for continuing to learn and develop throughout life. Factual knowledge

can quickly become obsolete: understanding lays the basis for reformulation, adaptation and lifelong learning. The nature of learning in higher education therefore fundamentally involves students as partners in the learning process and it is the effectiveness of their learning in which we are fundamentally interested. Given the centrality of this partnership, it is important to involve students also within our quality framework as active participants in the assurance and enhancement of their learning. Students are not the objects of the QEF, they are partners within the endeavour. It is important to be very clear that along with partnership comes significant responsibilities. It is vital that students recognize and fulfil their roles as effective and active participants in both the QEF and in the learning process.

8. International and Icelandic perspectives. The QEF has emerged from, and, consequently, is firmly rooted in, the Icelandic context. Icelandic HEIs have vital national functions to fulfil and national and local societies to serve. However, Icelandic HEIs and the QEF are also firmly outward looking. Higher education is international. Research and scholarship do not observe national boundaries. Increasingly, managing learning is an international activity with web applications and other distance learning technologies developing rapidly. Research is increasingly carried on in international partnerships and collaborations. In European terms, the Bologna process has been very important, most notably in setting a European Framework for Quality Assurance. It is critical that higher education in Iceland relates positively to this range of European and wider international communities and benchmarks. Of considerable importance are the ESG (2015), parts of which are reproduced in Annex 4. The work of the Quality Board is benchmarked against these Guidelines and it is expected that the internal mechanisms for managing quality in all Icelandic institutions are consistent with the ESG. They are recognised as setting the standards for entry to the European Quality Assurance Register and have been accepted by all Ministries in the Bologna process. It is important to note in passing that officials of MESC play an important part in the continuing development of the Bologna process, and there are increasingly close connections between the National Union for Icelandic Students and the European Students' Union. It is imperative that there can be continued confidence in Iceland that its QEF has been benchmarked against this important international standard. The Quality Board and the Quality Council seek to ensure that all criteria are consistently satisfied.

9. Independence and partnership. It is vital that the management of the QEF by the Quality Board is, and is seen to be, fully independent. It is also important, however, that the various stakeholders work in partnership within the QEF. Reference is made above to the important role of autonomous institutions and of students within the quality partnership. Equally,

governments, professional bodies and employers have legitimate roles to play. The quality framework has been designed to recognize the important roles of the various partners, and the dialogue between them. However, it is also vitally important that in the implementation of the parts of the QEF for which it is directly responsible, the Quality Board is able to act with absolute independence. To that end, these parts of the quality system must be managed outside of any vested interest or instrument of control. The QEF has therefore been developed to encompass, as appropriate, both partnership working and independence of action.

10. While it was implicit in the operation of the 1st Edition of the QEF, the Quality Board has added the explicit value of **transparency** as an additional cornerstone of QEF2. **Transparency** has been exercised in the development of QEF2 through: the very open consultative processes; the range of open meetings with the sector, most importantly with the Quality Council; the formal evaluation exercise carried out by an independent consultant the report of which was published and widely discussed; and the involvement of a different independent expert (nominated by the Quality Council) overseeing the evaluation process and meeting independently with stakeholders. In implementing QEF2, transparency will continue to be emphasised in a variety of ways including:

- A revised, more accessible QEF website
- The publication of all non-confidential Board minutes and associated papers
- More explicit guidance on the QEF processes including, importantly, the guidance offered in the Annexes to the 2nd Edition
- Explicit complaints and appeals processes
- Regular meetings between the Board and the Quality Council
- Publication of an Annual Report by the Board
- Annual meetings between the Board and the Rectors' Conference and others as required
- Regular meetings between the Board and MESC
- Student involvement on the Board and annual meetings between the Board and National Union for Icelandic Students and other Student Associations as required
- Regular conferences.

11. These six fundamental principles and values underpin the entire operation of the QEF. It is important that all involved in the QEF are familiar with these principles and values and use them to inform their thinking and actions in this context.

SECTION 2: The Quality Enhancement Framework in outline

This section provides an overview of the roles of the Quality Board and Quality Council and a brief outline of the five main components of the QEF

The Quality Board

12. The Quality Board is responsible for the overall design and operation of the QEF as agreed at the outset of each cycle with MESCS. The Board has responsibility for managing the IWR cycle and has ultimate responsibility for confirming the judgements contained in the IWR reports. The Board is also responsible for managing any additional reviews commissioned by MESCS or other stakeholders, and for managing the procedures for complaints and appeals within the QEF. The Board is also responsible for ensuring that SLRs are carried out by all HEIs and that agreed public information is published.

13. The membership and chair of the Board comprises senior international experts in managing quality and standards in higher education (in relation to teaching, scholarship and research). In addition, there is a student Board member and student observer. Both students attending the Board are proposed by the National Union for Icelandic Students. Initially, one student will be drawn from the body of Icelandic students and the other in conjunction with the European Student Union.

14. All Board members are appointed by MESCS. The Board meets regularly with MESCS for updating. However, in all its operations, the Board acts in complete independence from MESCS.

15. Annex 1 provides details on the composition and remit of the Board.

The Quality Council

16. The Quality Council is fundamental to the successful operation of the QEF. It includes in its membership the senior staff with responsibility for quality and standards from all Icelandic HEIs together with two Icelandic students. The Chair of the Council is elected by the Council membership from among its non-student members. The Council has a central role in sharing good Icelandic and international practice within its membership and advising and informing the Quality Board. Productive partnership between the Council and the Board is vital to the success of the QEF. The Chair of the Council attends all meetings of the Quality Board as an observer.

17. Annex 2 provides details of the membership and remit of the Quality Council.

Brief overview of the five main components of the QEF

18. The QEF will operate over a 7-year cycle. At the outset of the cycle, each institution will be asked to provide the Board with an outline plan for managing quality and standards over the seven year cycle. This will include, but not be limited to, the timing of SLRs and the IWR. It might also include other major points in the institution's normal quality cycle, e.g. annual reporting on quality matters to the Academic Council/Senate/Governing Board etc. The Manager of the Quality Board will be available to discuss drafts of such overviews. These overview plans do not need to remain fixed but can be changed and updated as the institution wishes throughout the cycle. The Annual Meetings (see below, paragraph 22) will provide useful opportunities for discussion of these overview plans and any changes being made. The QEF itself includes five main elements:

- Subject-Level Reviews (SLRs) – an institutional responsibility
- Institution-Wide Reviews (IWRs) with year-on and Mid-term Progress Reports – a Quality Board responsibility
- Annual meetings between HEIs and representative(s) of the Quality Board
- Quality Council-led enhancement workshops and conferences
- Special Quality Board-led reviews.

Subject-Level Reviews

19. Within each cycle, all institutions are required to conduct reviews covering each of their subject areas as well as all support services having a bearing on the student learning experience (e.g. library, IT, laboratories, counselling and guidance, registry, human resources etc). The first SLRs under the 2nd Edition of the Handbook can take place upon the publication of this Handbook. The SLRs are focused on the effectiveness of the management and enhancement of the student learning experience, securing the standards of their awards and the effectiveness of the management of research. These reviews are organized in ways most appropriate to each institution, subject to national requirements as outlined in Section 3 and related Annexes.

Institution-Wide Reviews

20. All institutions receive an IWR within each cycle. The first IWRs under this 2nd Edition of the Handbook will take place during 2017-18 with the first review visits taking place in 2018. These IWRs focus on the effectiveness of the institution's arrangements for managing and enhancing quality and standards including the effectiveness of the management of research. Essentially, these reviews will ask the institutions to demonstrate in an evidenced way how

they know the learning experience of their students is consistently as good as it could be by Icelandic and international standards, how they assure themselves that the standards of their awards are comparable nationally and internationally, and how they analyse the effectiveness of their management of research. It is intended that the institutional processes linked to IWR should dovetail with strategic planning processes. A review could precede a strategic planning event and inform that planning. A review could alternatively function to inform the implementation of a strategic plan that has recently been approved by the institution. An important part of the evidence for IWR will be the response of the institutions to the previous IWR Report and the reports of SLRs. Following the IWR, the Board will publish a report that will include a judgment on the confidence that can be held in the institution's ability to manage its quality of the student learning experience; a judgement of the management of standards of degrees and awards; and commentaries on the management of research.

21. One year following the publication of the IWR Report, the institution will produce a brief Year-on Report indicating early reactions to the IWR Report and associated early developments. This Report will be discussed at the first appropriate Annual Meeting (see **Paragraph 100**). In addition, there is a Mid-term Progress Report which will review progress in taking forward developments foreshadowed in the IWR process. This report will be on the agenda of the annual meeting between the respective HEI and representative(s) of the Quality Board three or four years following the publication of the IWR Report. For this Annual Meeting only, a member of the IWR Team (normally the Chair) will join the meeting. This report will be published on the Quality Board's website alongside the original IWR Report. See **Paragraphs 57 and 101** for more detail on the Mid-term Progress Report.

Annual meetings with member(s) of the Board

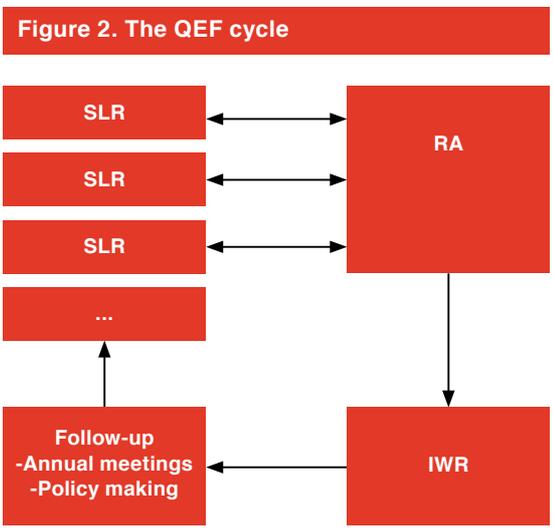
22. All institutions will have an annual meeting with a representative(s) of the Board. This meeting is designed to facilitate the free exchange and updating of information between the Board and each institution, and allows the Board to maintain a current appreciation of the developments and challenges within each institution. The outcomes of SLRs are shared at these meetings together with discussions of progress made in taking forward the outcomes of previous IWRs. The agenda for the meeting is agreed in advance. It will normally be in two parts – the first a relatively informal mutual updating, and the second focused on the SLRs undertaken in the previous 12 months (if any). The Annual Meeting in year three or four following the publication of the most recent IWR will also incorporate the Mid-term Progress Report following up developments foreshadowed in the IWR process.

Quality enhancement workshops and conferences

23. An important element designed into the QEF is a series of developmental workshops and conferences, which fall under the remit of the Quality Council. These activities would focus on areas identified as being of particular importance to the higher education sector and students in Iceland. They would be designed to stimulate the thinking, practice and actions of staff and students throughout the sector. They would draw on national and international best practice and result in Action Plans, Case Studies and Guidelines. The nature and extent of the activities undertaken by the Council will be influenced by the resources available.

Special reviews undertaken by Quality Board

24. There are circumstances in which the Board will organize special reviews. There may be circumstances in which MESC may wish to commission the Board to conduct a special independent review of an aspect of provision across the whole sector. The MESC may commission a special review from the Board following a request for additional accreditations from an institution. There may also be circumstances where the Board itself becomes aware of a legitimate cause for concern in relation to some aspect of higher education provision. In these circumstances, the Board itself may wish to establish a special review. In general, it will be for the Board to decide whether it is appropriate to undertake a particular special review. Any special reviews require additional resources. See **Section 7** for more detail on special reviews.



SECTION 3: Subject-Level Review including research

Rationale

*25. Institutional ownership of reviews at the subject level is a clear demonstration of the institution's own responsibility for the assurance and enhancement of the quality of the learning experience of its students, the safeguarding of the standards of its awards, and the management of the research undertaken by its staff. It is at the subject level that learning takes place, that programmes are generally organized, and that academics develop and apply their scholarship and undertake research. It is also at the subject level that fundamental parts of the quality of the student experience is determined, the standards of their awards assured and the research activities of staff are undertaken. For these reasons, reviews at the subject level are one of the most important elements of the Icelandic QEF. It is also important that they are conceived as primarily the responsibility of the HEIs themselves within agreed guidelines. The Board monitors whether reviews at the subject level are carried out, if they are robust (i.e. use an evidence-based methodology that stands up to scrutiny), constructive, in line with the HEI's strategy and lead to enhancement. Annual meetings and IWRs will also serve as a context for dialogue between the institutions and the Board about reviews at the subject level and the institutional monitoring and follow-through of these reviews. Where there is a concurrent professional/statutory body accrediting process, then the institution, at its own discretion, can use that as an integral part of the SLR. Where appropriate and practical, they may use common externals for both reviews. Formally, **the process of Review at the subject level is the responsibility of the institution, not of the Board. The Board sets out below its general expectations regarding institutions' subject review processes.**

General requirements for SLR

*26. **Area Coverage.** Whatever the pattern of individual SLRs, within a cycle all subject areas should be included and at all levels (postgraduate and undergraduate) in which awards are made. In general, the subject divisions for review should be selected to reflect in a meaningful way the learning journeys of students and the research efforts of staff. In general, reviews should embrace all forms of provision, including, for example, taught, research, full-time, part-time, distance learning and work-based provision. Reviews should also include any provision for which the institution is responsible that is undertaken in collaboration with any other institution or partner, either national or international. Similarly the review of research should comprehensively cover the main areas related to the management of research

within each unit, including the management of collaborative research projects of an interdisciplinary nature (see **Paragraphs 41-47** for more detail on this topic). SLRs should include the effectiveness of student-support services that directly impact on the quality of the student learning experience, including, for example, library, laboratories, formal career guidance (both within the academic unit and as part of institution-wide services), counselling services, and information technology services. It is for the institution to decide whether it is more effective to review such services additionally as separate entities, or whether they should be reviewed only in relation to their effectiveness in supporting students within each SLR. Similarly, the HEI can choose to review the management of research within the most appropriate context for its structures.

27. HEIs' collaborative endeavours. All provision carried out in collaboration with another institution should be included within reviews. In general, the institution making the award is normally held to be ultimately responsible for safeguarding all aspects of the standard of the award. The institution making the award is therefore required to detail in the review how it manages the standards of those awards. Normally, the quality of the student experience is the responsibility of the institution hosting the student(s) for that part of their programme. In all collaborative provision, there should be a collaborative agreement that specifies clearly the responsibilities of each party for the various dimensions of the quality of the student learning experience and the standards of the award. Similarly, research that is conducted in collaboration with other national or international partners should be included within the evaluation of the management of research. In all collaborative research, there should be an agreement that specifies clearly the responsibilities of each party for the various dimensions of the quality of the research carried out under the collaborative agreement. In SLRs, academic units would then report on those aspects of the collaboration for which they are responsible.

28. Timing. All areas should be reviewed at least once in each cycle. At the outset of the second cycle (Autumn 2017), institutions should produce a plan for their intended pattern of reviews over the second cycle, 2017 – 2023. A copy of this review plan should be provided to the Quality Board for its information, and any subsequent amendments notified to the Board.

29. Internal quality processes. There is an expectation that internal quality assurance and enhancement processes for SLR are clearly documented and continue to meet the expectations of the ESG Part 1. Guidance on this is provided in **Annex 4**. The Frame of Reference in **Annex 11** may also be useful in framing the information provided in an SLR.

*Notes for further guidance on Paragraphs 25 and 26 are available at www.qef.is/publications-and-resources

30. Involvement of students. All SLRs should actively include students. The outcomes of student feedback mechanisms should form a core part of the review, and the review process should directly involve meetings with students and recent graduates. Institutions are asked to include a minimum of two students on the main committee or group overseeing each review. It is important to ensure that student members of the committee are well supported through briefing and training.

31. Involvement of external experts. All reviews should include independent external experts appropriate to the breadth and depth of the curriculum under review, the nature of the provision, and the research and development activities of the staff. External experts should embody a sufficient range of subject and research expertise and, where appropriate, employment or professional body expertise and experience, to allow them to have informed views on the range of provision under review. When appointing externals, good practice on avoiding conflicts of interest should be carefully observed. **Annex 3** provides a statement from the Board regarding the nature of conflicts of interest. **Annex 5** provides guidance on the role and responsibilities of externals in subject review.

32. General approach and coverage in relation to teaching and learning. Where appropriate the starting point for each review should be an outline of the standard data covering the area(s) of the review, a summary of any major changes affecting the subject areas since the most recent review, and follow-up to the most recent review outcomes and recommendations. A critical analysis of all student feedback and outcomes in terms of progression, graduation and employment/further study would also be involved. While it is important to give an overview of progress and issues, it is up to each area to decide whether to keep the thrust of the review at a general level or to use the opportunity provided by the review to focus on a specific area(s) which might have been problematic or an area(s) ripe for further development.

33. The opportunity should be taken to review the links between teaching and research. It is important that review activity includes an examination of the extent to which teaching and learning is being appropriately supported by the research and scholarship activities (including advanced professional practice) of the institution in that particular subject area. While this is important in relation to all learning in higher education, it is increasingly important in the final stages of undergraduate provision. At the postgraduate level, particularly in relation to doctoral studies, the connection between the research environment and effective learning is absolutely central.

34. For example, at the undergraduate level, this research-teaching link would include enquiries such as:

- Is the curriculum informed by research methodologies and an understanding of how knowledge has been, and continues to be, created?
- Are students exposed to current developments in their specialist areas?
- Are students exposed to alternative and competing research perspectives and methodologies?
- Are students exposed to practising researchers in their specialist areas?
- Are students supported in undertaking research activities appropriate to their level of study?

35. At the postgraduate level, particularly in relation to doctoral studies, the connection between the research environment and effective learning is obviously of paramount importance where the expectations would be of students being actively supported within a dynamic research environment appropriate to their specialism with links to national and international research networks.

36. Whatever approach is adopted, the review and report should conclude with an action plan for the following period.

Background and approach to the further inclusion of the management of research within the QEF

37. The 2nd Edition of the Handbook includes consideration of the effectiveness of the management of research in SLR for the first time. From the outset of the QEF, the sector and others have been clear that HEIs in Iceland, as is the case globally, have a range of fundamental functions including: the creation of knowledge; the transmission of knowledge; and, the support and development of their local and national societies. A full quality enhancement framework for higher education should therefore embrace and celebrate this range of fundamental roles of the HEIs. The mission of individual institutions clarifies the interpretation and relative emphasis that is placed on these different dimensions.

38. Within the QEF, research is, therefore, interpreted broadly to properly reflect the different roles and functions of the various HEIs in their local and national settings. These different roles and functions will, to a large extent, be reflected in the missions of the individual institutions. The review of the management of research comprises the following dimensions: the research strategy; the management of research outputs; the external support for research; and, the impact of the research of the unit. There will also be an opportunity to celebrate any research which is more 'blue skies' and cannot easily be fitted into any of the standard categories. A full explanation of these dimensions is given below with some exemplars intended to be illustrative of possibilities rather than exhaustive guidelines. This approach to the review

of the management of research will apply uniformly across the sector as an integral element within SLRs.

39. In addition, the Board is aware that there is also a need in the Icelandic system for an approach to research that evaluates more specifically the quality of research output and enables international benchmarking. To meet this aspiration, during the second cycle of the QEF, the Board will pilot such an approach on a very small scale. This pilot will be limited to only a very small number of units/departments who would wish to volunteer to participate in such an exercise. These pilots will not be funded within the core budget of the Quality Board, and additional funding will be sought.

40. An important element in underpinning any sector-wide evaluation of the management of research in Iceland will be the establishment of the national database of research outputs in a CRIS system. This is anticipated to be available during 2017 but will require time for testing and embedding before it will be reliably effective and universally used.

41. There are therefore a number of reasons why the inclusion of research evaluation within the QEF will be gradualist:

- The approach depends on the availability and reliability of the CRIS system which will take time to evolve
- The sector has expressed a strong desire to be involved in the full development of the methodology for research evaluation
- The resource base in both the sector and the QEF structure is very tight
- It is important that the research evaluation methodology is developed to meet the particular needs of Iceland and is not simply imported from elsewhere. All existing systems have a variety of strengths and weaknesses
- It is crucial that the extension of the QEF to include research dovetails with the principles of the QEF and the ethos of the Quality Board
- It is imperative that a general model for the comprehensive evaluation of the management of research is developed and embedded across the sector before piloting a methodology for international benchmarking of research outputs.

42. There are two major consequences of this gradualist approach to the inclusion of research within the QEF. Firstly, the Board is establishing an ad hoc Research Evaluation Advisory Committee (REAC) with the remit of monitoring the application of the core methodology for evaluating the management of research, considering the outcomes it produces, and advising the Board on the further development of

the model. REAC will also have an important role in advising the Board (and MESOC) on the development and piloting of the extended model of evaluation of research outputs in an international context. **Annex 7** provides further information on the membership and remit of REAC. Secondly, when the evaluation of the management of research is considered in the context of IWRs, there will not be any separate judgement offered by the expert IWR Review Teams in relation to the effectiveness of the management of research in QEF2. Instead the IWR Reports will offer commentaries on the main areas of research strategy, management of outputs of research, external support for research and the impact of research. These concepts are explained below and in related annexes. IWR judgements will continue to be made only in relation to the quality of the student experience and the standards of awards.

43. In undertaking SLRs within the 2nd Edition it will often be the case that the division of subject areas into units for research will be the same as for teaching and the two processes will integrate into a seamless whole. This has considerable advantage in terms of efficiency, explicitly picking up the linkages between research, teaching and curriculum development, and also providing an integrated picture of the health of the subject area. This is particularly useful for strategic and operational planning at all levels within the institution. The expectation is that reviews would normally follow the broad pattern of the award structure of the institution, which in turn would mirror broadly the student learning journeys and the organization of staff. However, it is up to each institution to decide how best to allocate different subjects for review and also whether to have exactly the same division for management of research as for teaching. It is appreciated that research may increasingly be multidisciplinary, and it is up to the HEIs to ensure that such research is adequately covered in the review in a suitable fashion. It is also a matter for the institution to decide on the order in which different units are evaluated over the cycle to fit best with institutional processes.

44. Further information on the inclusion of the management of research within SLR is given below and in **associated annexes**.

Aspects of the design of SLRs with reference to the inclusion of the management of research

45. The intended focus. It is important to be clear on the objective of review. As outlined above, the 'core' approach to the inclusion of the management of research will be applied by all institutions in all SLRs. This is described in more detail below. In addition, during the cycle, an 'extended' model, benchmarking research outputs internationally will be developed for piloting in a small number of cases. Both the quality of research output itself and the effectiveness of the management of research are important aspects

of the evaluation of research in an HEI. These two dimensions are related but significantly different. There is a global tendency to assume that quality of research output is reflected in publications (or similar outputs) in internationally prestigious journals or other internationally mainstream publications. This is indeed the prime, if not the sole criterion for most international research league tables. This dimension is, of course, equally important in some Icelandic contexts, and will be picked up in the core model to the extent that an academic unit wishes to include it in its management of research. However, the voluntary extended model will concentrate specifically on the international comparability of the quality of research outputs.

46. Although important, a singular focus on international comparability of research outputs (at least narrowly defined) would be generally inappropriate in the present context. There are a number of reasons for this. One relates to language: outputs in Icelandic are unlikely to appear in the usual high-ranking publications utilized by compilers of international league tables. And yet, high quality research outputs designed to support local economies, infrastructure and society will require to be expressed in Icelandic in order to have the desired impact. Further, while there is significant research output in Iceland that is internationally competitive by traditional global measures, there is a considerable research effort targeted on local or national impact such as supporting local education or health provision, policy or practice, or supporting local employers. It is of course the case that these various forms of research output are not necessarily mutually exclusive and, although the initial focus of the research activity may be different, research outputs of a sufficiently robust standard are likely to be both capable of meeting local needs and publication for international audiences.

47. The inclusion of research within the QEF model relates to these diverse aims and purposes of research within the Icelandic higher education sector. Both SLRs and IWRs should therefore take, as their starting point, the purposes of research within the department/institution being reviewed and then explore the extent to which these purposes are achieved. In other words, the fundamental questions would be, **‘to what extent does this faculty or department have a clear and realistic strategy for research and to what extent does it successfully manage its affairs to achieve its desired ends? How effectively does the research environment support the strategy?’**. The following paragraphs briefly outline how this is developed in the core model for evaluating the management of research within SLR.

The core model for the evaluation of management of research

48. In the core model (i.e. applied throughout the sector), teaching and learning and management of

research will be reviewed in the context of SLRs. These will feed into the IWRs as outlined in **Section 4**. It is important to note that the SLRs, however, explicitly remain firmly within institutional ownership.

*49. The core model encompasses five related dimensions: research strategy; management of research outputs; external support; impact of research; and, exceptional blue skies research as follows:

Overview table of the 5 dimensions of the Core Model

| The 5 dimensions of the Core model for evaluation of research management |
|--|
| a. Research strategy |
| b. Management of research outputs |
| c. External support |
| d. Impact of the unit |
| e. Exceptional blue-skies research |

a. Research strategy.

This will include for example:

- Does the unit have a research strategy?
- How does it relate to the institutional strategy?
- How realistic is the strategy?
- Does the strategy link research to teaching?
- What policies serve as a lever to support the strategy?
- How is the strategy supported at unit and institutional levels?
- Is strategy effectively monitored?
- Is the research environment designed to support the strategy?
- Does the research strategy take into account issues of equality, including gender?

b. Management of research outputs.

This refers to the unit’s mechanisms for monitoring and managing the quality of its research outputs. The quality of outputs should be defined in relation to the application of good practice methodologies and the critical robust judgements, directly or indirectly, of respected peers or users of outputs who are in a position to make informed professional judgements of quality. This dimension will be refined as experience develops, including through the input of the REAC, and will also draw on the outputs of research (at least in the vast majority, if not all, cases) recorded on the CRIS system. The question to be addressed is how do academic units evaluate and manage the quality of their research output? In some cases, perhaps the majority, the first part of this question is already at least partly addressed through the current

*A note for further guidance on Paragraph 49 is available at www.qef.is/publications-and-resources

framework described in the paper 'Evaluation system for public higher education systems'¹ and applied in many institutions. In addition, there is an interesting established evaluation framework for the evaluation of research outputs within Reykjavik University which aims to separate the evaluation of research quality from publication counting². There is also a useful framework applied in the Icelandic Academy of the Arts³. It is appreciated that none of these frameworks currently apply universally in Iceland, and these examples are meant to be illustrative of the resources available to institutions when evaluating the management of their research outputs. It is important to note that this approach is adopted in order that research achievements in a wide variety of areas (including production and performance) may be celebrated. This obviously includes, but is not limited to research outputs traditionally measured through international bibliometric or similar techniques. There are many different kinds of legitimate research outputs to be celebrated, the 'quality' of which can be benchmarked in a variety of ways – e.g. informing and taking account of the views of SLR externals, external stakeholders, professionals in the field, the business or professional community, policy makers etc. The second part of this question relates to how institutions manage the quality of their outputs by strategic allocation of resources and through staff development.

c. External support.

External support should include both additional research funding (i.e. in addition to that received as part of the block grant), and also support in kind. It will include both cash and non-cash forms of support. External funding will include the competitive funds secured through the Icelandic Government's various bidding processes. It will also include EU funding and all other funding from international sources as well as commercial funding both national and international. Support in kind will include all non-cash external support received including equipment, personnel, buildings etc.

d. The impact of the unit.

The impact of the unit refers to the reach and significance of the research output of the unit. Impact is to be interpreted broadly to include impact on: the subject area; on policy and practice related to the subject area; on significant developments in culture; and, importantly, on the local or national economy or society more generally. In all the above areas, local, national and international dimensions should be considered. Impact also includes the external reach of the unit through for example researcher national and international mobility, external consultancies in academic or professional contexts, external advising roles etc.

¹ http://www.hi.is/sites/default/files/oldSchool/evaluation_system_english.pdf

² <http://en.ru.is/research/ru-quality-assurance-system-in-research>

³ http://lhi.is/sites/lhi.is/files/atoms/files/gakerfirm_frasvilista2015.pdf

e. Exceptional blue-skies research.

It is sometimes the case that particularly exciting and innovative forms of/areas of research open up which are difficult to encapsulate within existing paradigms for recognizing the significance of research. It is important that these are captured within research evaluations and these areas should simply be identified separately if they do not fit appropriately into the above framework.

Reports on research in the core model

50. Units (Departments, Schools etc) should include in their SLR reports commentaries on the quality of their management of research using the five dimensions outlined above. Where the overall SLR unit has been further subdivided for the evaluation of research, these reports should be included as separate elements or combined as the institution feels appropriate and useful. The form of the section of the report dealing with management of research should be determined by the institution, but in every case should conclude with an Action Plan. It may be, for example, that a SWOT (strengths, weaknesses, opportunities, threats) framework could prove to be a useful starting point for the analysis section of the report, followed by the concluding Action Plan.

Conclusions on management of research in the core model

51. No judgements are made in relation to either teaching & learning or research in SLR Reports. The conclusions in both areas normally take the form of Action Plans. As outlined elsewhere in this Handbook, the IWR in QEF2 relates more explicitly to the SLRs. The conclusions of the IWRs will include judgements in two areas:

- The effectiveness of the management of the standards of awards
- The effectiveness of the management of the quality of the student experience

In relation to the quality of the management of research, the IWR will conclude in terms of commentaries on the five dimensions of research highlighted in Paragraph 49 above.

Subject-Level Reviews: Reports and public information

52. Reports. All SLRs should result in a formal report that includes information on the composition of the Review Team, the review process, the findings, Action Plan(s), the review recommendations and the intended institutional and departmental/faculty follow-up processes. **Annex 5** of the Handbook outlines the

role of the externals in relation to the Report. Copies of these reports should be made available to the Quality Board within three months of the completion of each review (i.e. normally the date of the last meeting with the external(s) present). These reports will form the basis each year for part of the Annual Meetings with a Quality Board representative and will also feed in to the IWRs. The Quality Board will continue to treat the SLR reports as confidential. However, it is for each institution to decide whether to publish review reports either in whole or part, for example on its website.

53. Public information. In all cases an abstract of the report including a summary of the main conclusion of the review and actions to be taken should be published on the institution's website within three months of completion of each review. The abstract for publication should also be included as an annex in the full report.

Linking from Subject-level to IWR

54. IWRs to some extent are a capstone on the building blocks of SLR outcomes. Towards that end, it is suggested that the Reflective Analysis for IWR should include as a key component, an overview of outcomes from the SLRs and institution-level follow-up in relation to teaching and learning, standards and the management of research. This approach will also be reflected in the IWR process and Reports.

SECTION 4: Institution-Wide Review

Rationale

55. The IWR process is designed to support institutions in reflecting on the relative successes of their management of the enhancement of quality, safeguarding of standards of awards and management of research and so contribute to the formulation of future strategies. These reviews should therefore become a valuable resource in supporting institutional strategic planning processes. The IWR is also designed to provide independent external assurance that current and future students, the Government, employers and other stakeholders nationally and internationally can all have confidence in the capacity of the HEIs to provide students with a high quality learning experience and to award degrees that have been benchmarked nationally and internationally. The IWRs, and indeed the QEF as a whole, have been designed to meet the requirements of the 2015 ESG and to meet the expectations of the International Network of Quality Assurance Agencies of Higher Education.

The review cycle

56. The first cycle under the 2nd Edition of the Handbook will last seven years (2017-2024): six years in which reviews are being conducted and a seventh year to reflect on the outcomes of the cycle, plan any revisions to the process, and undertake a variety of enhancement activities. Normally, an institution will therefore receive a Board-led review once every seven years. To avoid an over-long gap between IWRs, institutions that undertook their IWR near the beginning of the first cycle will not have their next IWR as late as the end of the second cycle. The first IWR of the new cycle will be conducted during 2017–2018, and the year 2023-24 will be the year of reflection and preparation for the next phase of the QEF. A timetable for reviews in the second cycle will be negotiated with the institutions and published by the Board in 2017.

57. Because of the fairly long seven year cycle for IWRs, there is a Mid-term Progress Report for each institution three or four years following the publication of their IWR Report. This exercise will be conducted as part of the Annual Meeting that year. In the year of the Review of Progress only, the Board representative will be joined by a member of the IWR Team (normally the Chair) that undertook the IWR. This exercise will lead to a brief report which will be published alongside the original IWR Report on the QEF website. (See **Paragraphs 93-96** for more detail on the implications of different confidence judgments in IWR Reports).

The IWR Review Teams

58. The Review Teams for each institution will be appointed by the Quality Board, with the exception

of the student member, selected on the basis of senior experience in higher education, particularly in managing and reviewing quality, standards and research. Normally the Review Teams will comprise a Chair, three international experts, an independent Icelandic student and the secretariat. The secretariat will be provided by the Board secretariat. No Review Team will have fewer than two experts in addition to the Chair. All members will be independent of the institution and, with the exception of the secretariat and the student member, will be from outwith Iceland. Review Teams will be recruited with regard to issues of gender equality.

59. Prospective reviewers will all be required to certify that they have no conflict of interest (See **Annex 3**) with the institution being reviewed. The institution will be asked to comment on the proposed membership of their team in relation to any potential conflicts of interest. Following this stage, the team members will be confirmed and members formally invited to serve. All team members will be required to undergo training arranged by the Board.

60. The Chairs of the Review Teams will be drawn from a small cadre of senior international peers experienced in quality reviews internationally and, normally, with knowledge of, but no conflicts of interest with, the Icelandic higher education system. These individuals will go through specific training for the role of Chair.

61. Review Team members who are academics will be appointed on the basis of appropriate senior experience in managing quality of teaching/learning and/or research in higher education-level institutions outwith Iceland. They will also currently be, or recently have been, a senior member of staff of a HEI or related body. To be considered for appointment, a candidate should normally not have been retired for more than five years. Each Icelandic HEI will be asked to identify overseas peer institutions from which they think it would be appropriate for the Board to seek potential reviewers. These may be institutions against which the Icelandic institution tends to benchmark itself. Alternatively, in the spirit of enhancement, they could include overseas institutions that the Icelandic institution would wish to emulate. While the Board will be guided by such suggestions, it is not obliged to accept them.

62. Review Team members who are representing student interests will normally be current students registered on undergraduate or postgraduate courses in an Icelandic HEI. No student will participate in a review of their own institution or any other that they have previously attended or at which a close family member or partner is attending, or is employed. Students will remain eligible to participate in reviews up to the first anniversary of their final graduation. Nominations for students to join the pool of student reviewers will be drawn from the membership of member unions of

the National Union for Icelandic Students. It would be normally be expected that the student be from an Icelandic institution.

63. All team members, including students, will be required to sign a declaration confirming no conflict of interest. Institutions are also asked to confirm the absence of any conflict of interest with all potential team members

The review process

64. The review process consists essentially of six standard elements: submission of a Reflective Analysis by the institution (with access to all SLRs); consideration of the Reflective Analysis and its evidential base by the Review Team; a visit to the institution by the Review Team; production and publication of the IWR Report; a brief year-on report from the institution on the first anniversary of the Report's publication; and, the follow-up Mid-term Progress Report designed to follow through the outcomes of the review (in year three or four following the publication of the IWR Report). To ease communication between the Board and the institution throughout the review process, the institution is asked to identify an individual who will be the main point of contact for the Board throughout the entire IWR process. In most cases this is likely to be the senior member of staff with institutional responsibility for managing quality matters.

The Reflective Analysis, common data set, Subject-Level Reviews and associated evidence

65. The process of compiling a Reflective Analysis can make a valuable contribution to institutional strategic planning. Obviously this is dependent on the timing of the IWR processes fitting with the timing of the institutional planning cycle. The Board consults HEIs on the timing of reviews in an attempt to ensure the best fit possible between these processes. Clearly there are practical limitations on the possible flexibility of both the Board and the institutions, but every effort is made by the Board to achieve a good fit.

66. The Reflective Analysis is intended to be exactly that: the considered reflections of the institution on the evidence of its performance in the past period. In many ways the production of the Reflective Analysis is one of the most valuable aspects of the whole process. The Reflective Analysis provides a valuable opportunity for the HEI community to collate the evidence of its past performance in relation to its management of academic standards, teaching/ learning and management of research. The institution can then use the Reflective Analysis to collectively consider what the evidence is indicating in relation to various benchmarks, and plan future strategies to enhance the learning experience of its students, its management of research, and safeguarding of the standards of its awards. An excellent and valuable Reflective Analysis is open, shared across the

student and staff community, evidence-based and evaluative. A poor Reflective Analysis lacks evidence, lacks any real evaluation or analysis and is defensive. A poor Reflective Analysis frequently also makes extravagant, unsubstantiated claims of excellence. Annex 6 provides guidelines on producing a Reflective Analysis.

67. The Reflective Analysis should include the common data set agreed with all HEIs and MESC.

68. The Reflective Analysis should include a Case Study which the institution thinks is a good illustration of relatively recent activity in its management and enhancement of teaching and learning, academic standards, or management of research. The case study should briefly address: the nature of the issue under consideration and the rationale for development; the action/development undertaken; progress to date and, where appropriate, outcomes achieved (positive and/or negative) and possible next steps. Case Studies should relate to completed, or nearly completed, work.

69. The Reflective Analysis should be the outcome of open reflection by the institutional community, staff and students. The document should include a clear description of the process leading to the completion of the Reflective Analysis. In particular, it should include a commentary from the Chair of the Student Council (or equivalent) on the involvement of students in the development of the Reflective Analysis.

70. The Reflective Analysis should be accompanied by the reports of the SLRs (covering the most recent reviews across all subject areas) and the text of the Reflective Analysis should include an analysis of how the issues raised by these reviews of institutional significance have been identified and taken forward. Follow-up to the previous IWR should also be included.

71. The Reflective Analysis should be accompanied by the main sources of evidence on which it is based (key statistics, committee minutes etc) and other documents readily available which will assist the Review Team in understanding the processes and structures of the institution. Quality Handbooks (describing the internal quality systems and structure), prospectuses, student handbooks, guides for postgraduate students etc are all welcome.

72. All documentation relevant to the IWR should be made available to the team in electronic format, by the most convenient means: e.g. via hyperlinks in the Reflective Analysis, or by granting access to the institution's intranet, or by collecting them on a USB, or by some combination of the foregoing. Whichever means are adopted, there needs to be clear linkages between the Reflective Analysis and the related evidence base. In addition, each member of the Review Team should be provided, via the

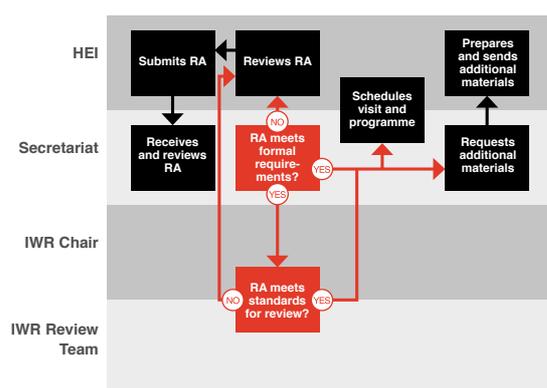
Board Manager in advance of the visit, with a bound, paper copy of the Reflective Analysis provided by the institution. Paper copies of any documents that the institution itself publishes in that format (such as a Prospectus) should be available to the Review Team during the site visit.

***73.** In advance of each IWR, the Board secretariat will contact the institution to provide guidance and support on the preparation and submission of the Reflective Analysis. Key dates for the submission of material will be agreed at that stage.

***Initial consideration of the Reflective Analysis**

74. The Reflective Analysis is a document confidential to the Board and Review Team and is entirely the responsibility of the institution. However, if the institution wishes, the Board Manager may be consulted in the process of compiling the Reflective Analysis and will offer limited advice on an early draft if so requested. Such advice, however, would be limited to the general structure, approach and style of the document. The Board Manager is not in a position to offer any detailed comments on content. Following completion, the Reflective Analysis will be formally submitted to the Board secretariat by a date agreed in advance with the secretariat who, in consultation with the Chair of the Review Team, will decide whether the Reflective Analysis provides an appropriate basis to support the continuation of the review. Where significant problems are identified with the Reflective Analysis, the institution would be asked to revise its submission. While unlikely, this could occur where a Reflective Analysis did not include a sufficient evidential base to support the review process.

Figure 3. Submission and review of RA



75. The Reflective Analysis will then be distributed to the Review Team members along with copies of the reports of the SLRs. Team members will study this material and identify initial matters they wish in particular to pursue together with any requests they might have for further documentation they would wish to have available either in advance of, or during, the visit. The Review Chair will collate these points and

requests and communicate them to the institution, feeding back institutional responses, as appropriate, to the team members. On the basis of these interactions, the Review Chair will discuss with the institution a possible programme of meetings for the visit of the Review Team. This draft visit programme will be fully discussed by the full Review Team at its briefing meeting immediately prior to the visit. Any changes to the final programme will be notified to the institution immediately prior to the start of the visit as soon as possible following the conclusion of the Review Team briefing meeting.

The review visit

76. As indicated above, the programme for the review visit will be agreed with the institution in advance of the start of the visit. Visits will normally last between three and five days.

77. It is important to emphasize that the style of the whole visit will be collegiate and open. This is a peer-based process: a discussion among equals.

78. Apart from the first morning, each session will be chaired by a member of the Review Team. Normally, although there will be an identified Review Team Chair responsible for chairing of the whole review process, Team members (including the student member) will share the task of chairing individual meetings during the visit.

79. All Review visits will start with the programme for the first half-day being given over to the institution. The purpose of this is to give the institution an opportunity to provide the team with whatever experience they consider would assist the team fully to understand the nature of the institution. It is for the institution to decide what it thinks would be most effective in conveying to the team the nature of the institution, its students, its teaching and learning and its management of research. This might take the form of a series of presentations or discussions, visits or observations. It might also include a tour of facilities. The precise time allocated to this, up to half-a-day, will be agreed in advance and built in to the visit programme.

80. Following this first session, while there will be some significant areas of commonality, the details of the visit programme will vary between the different institutions. These will depend on the matters of particular interest to the Review Team, and also, to some extent, on the size and complexity of the institution. Teams will inevitably wish to meet a range of staff at different levels from across the institution and representatives of stakeholders involved with the institution in a variety of ways. Teams will also wish to meet undergraduate and postgraduate students at various stages in their learning journeys and also learning through different modes. All visit programmes will include meetings with people involved across a range of SLRs in a variety of ways.

***Notes for further guidance on Paragraphs 73 and 74 are available at www.qef.is/publications-and-resources**

81. It is important that meetings during the review visit provide an opportunity for all involved to make their contribution to the discussion. For this reason the size of groups invited to meet the Team will be limited, normally to no more than 10.

82. Each review visit programme will allow for an Open Meeting for anyone from the institution's community, staff or student, to meet individually or in groups with the Review Team. The purpose of this meeting is to provide an opportunity for any issues to be raised with the Team which are felt to be relevant and important for the Review, and which have not had an opportunity to be aired elsewhere in the visit programme. Separate arrangements are made for meeting students and staff within this allocated time slot. However, if a mixed group of students and staff wish to meet the Team, this will also be accommodated.

83. The concluding meeting of the visit, with senior institutional staff, allows for final clarification of any points that remain unclear to the Review Team at that stage. The Review Team will not attempt to provide a summary of conclusions at this stage: these matters are complex, and the team will wish to reflect carefully on the evidence they have been presented with during the visit and in the associated documentation. However, within two weeks of the end of the visit the Chair of the Team will write to the Rector on behalf of the Team to provide the headline outcomes of the review together with the Team's provisional judgements. All judgements remain provisional until the final report is signed off by the Quality Board at the end of the process. It is therefore important that the Headline letter is treated by the institution as a confidential document.

84. The visit, and indeed the whole process, is designed to be a dialogue between colleagues: it is not an 'inspection'. The programme of meetings will be agreed with the institution and agendas will be transparent. The main issues raised by members of the team in their initial reading of documents will be

shared with the institution at the outset. As the visit proceeds, the Review Secretary will share headline thinking with the institution periodically, usually at the end of each day. The review style and process is designed to ensure that there are 'no surprises' at any stage for the institution.

85. Annex 9 provides an illustration of a possible timetable for a review visit.

Producing the review report

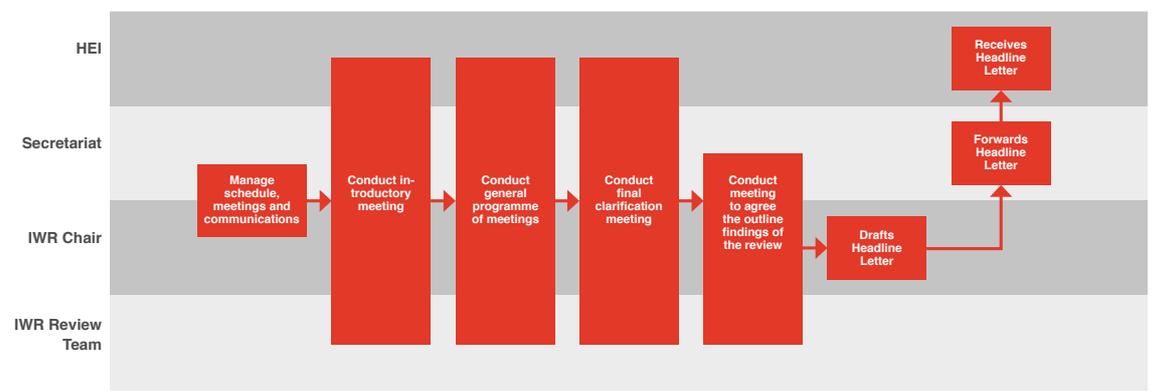
*** 86.** At the conclusion of the visit, the members of the Review Team will meet to agree the outline findings of the review on the basis of all the evidence available to them. At this stage the Team will agree the provisional conclusions and judgements. On this basis the Chair will draft the 'Headlines Letter' that will be forwarded to the Rector of the institution within two weeks of the conclusion of the visit.

*** 87.** At the meeting following the conclusion of the visit, the Review Team will also agree the provisional overall structure of the report and the key elements to be covered in the various report sections. As agreed, Team members will subsequently draft their report sections and forward them to the Review Secretary who will compile the first draft of the full report. The draft report will then go through various iterations overseen by the Review Chair before a near final draft is available for signing off by the Chair for sending to the Rector of the institution. The institution will be invited to comment on the draft report in relation to:

- matters of factual inaccuracy, and/or
- misunderstandings arising from factual inaccuracy.

Having considered the comments received from the HEI, a penultimate draft of the report will then be prepared and signed off by the Review Chair for transmission to the Quality Board and copied to the Rector. At this stage the draft report is still confidential and its findings provisional.

Figure 4. Review visit



***Notes for further guidance on Paragraphs 86-88 are available at www.qef.is/publications-and-resources**

* 88. The Quality Board will meet to consider this penultimate draft of the Report. The Rector of the institution concerned will be invited to join this meeting at one point. This will allow the Rector the opportunity to comment on the review in general and the report in particular. This will also provide an opportunity for the Board and the Rector to have a discussion on key points raised in the Report. Following the departure of the Rector, the Board will discuss further the report and its judgements, and agree a final version for publication.

89. At this stage a copy of the final version will be sent to the Rector and also be sent for information to MESC. One week following this limited circulation, the report will be published on the QEF/RANNÍS website and a public announcement of publication made.

90. If there is potential for an appeal to be made by the institution against a judgement, provisional notice of a possible appeal must be made by the institution to the Board Manager in writing within 14 days of the Quality Board's notification to the institution of the outcome of the relevant Board meeting described above in **Paragraph 88**. In such circumstances the Board would allow a gap of 14 days following the issuing to the institution of the outcome of its discussions before publishing the report. (Also see **Section 5 on Complaints and Appeals**).

91. While reports will vary in format to meet the requirements of each individual review, it is likely that reports will follow the broad format outlined in **Annex 10**.

92. The timeline for the various stages of production of the report is included in **Annex 8**.

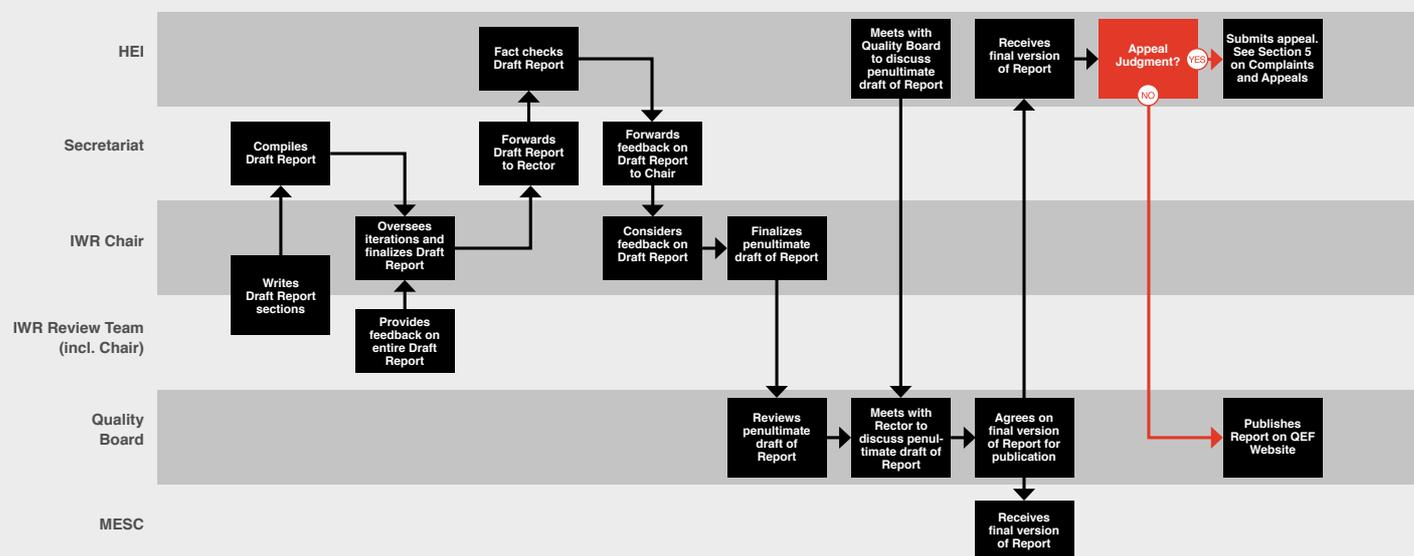
Judgements in the reports

93. The QEF is built on a foundation of the secure management of quality, standards and research by the

autonomous Icelandic HEIs. It is, therefore, important that the QEF should provide a clear expression of the level of confidence that everyone can have in the strength of this foundation. This is very important to diverse audiences, including: the particular institutional community itself; the rest of the Icelandic higher education sector; current and future student populations; the Icelandic Government and society; employers and professions; and, various international audiences. To this end, the IWR reports from the Quality Board will conclude by offering a summary judgement on the confidence that can be held in the ability of the institution to manage effectively and securely both the quality of the learning experience it provides to students, and the standards of the degrees and other qualifications it awards. Review Teams will express their level of confidence in the institution's management of quality and standards in one of three forms: confidence, limited confidence or no confidence - as explained in more detail in the paragraphs below. The first two of these categories are considered to indicate a performance which meets or exceeds a minimum threshold of confidence. The final category of no confidence in the management of quality and standards is regarded as a failing judgement i.e. an approach to managing quality and/or standards by an institution that does not meet minimum threshold requirements. In general, these judgements are very significant. To declare confidence in an institution's processes and procedures for managing quality and standards provides a very significant reassurance to both the institution's community itself and also to external stakeholders – both national and international. As indicated previously, no judgements will be offered in relation to the management of research in the second cycle. Instead, commentaries will be offered in relation to the management of research including commentary on strategic management, outputs, external support and impact.

*Notes for further guidance on Paragraphs 86-88 are available at www.qef.is/publications-and-resources

Figure 5. Preparation and publication of IWR Report



Overview of IWR judgments

| Judgment | Follow-up | MESC involvement |
|--------------------|--|---|
| Confidence | Year-on Report | None |
| Limited confidence | Year-on Report, Action Plan | Receives notice if Action Plan is not agreed upon |
| No confidence | Meeting between HEI , MESC, and QB Chair | Determines how to proceed |

94. Judgements of **confidence in the management of quality of the student experience (quality) and/or standards of degrees and awards (standards)** will be given where the evidence indicates that the institution is systematically managing its quality securely and safeguarding the standards of its awards on a firm evidence base, and that this will continue in the future. In addition, such an institution will, in general, be using its quality management processes and structures to systematically enhance the quality of the student experience. Within an overall judgement of **confidence** there may be some areas where the management of quality is not yet fully effective, but not to the extent of posing a significant threat to the overall quality of the student experience or the standards of their awards, and there is clear evidence that appropriate developments are in hand.

95. Where the evidence indicated that there were factors which, in a more serious way, limited the confidence that could be held in the institution's management of either current or future standards or quality, then a judgement of **limited confidence in the management of quality and/or standards** would be given. It is important to note that a 'limited confidence' judgement is not a judgement of failure, but it does indicate that improvements must be made timeously in order to safeguard the learning experience of current and/or future students and/or secure the standards of their awards.

96. In cases where there appeared to be significant limitations on the institution's ability to manage its quality or standards, then a judgement of **no confidence in the management of quality and/or standards** will be given. In such a case there will be substantial evidence of a serious and fundamental weakness in the institution's ability to safeguard standards and/or to maintain an acceptable quality of provision, and there is no substantive evidence of a plan being imminent to substantially and securely improve the process.

97. In each category of judgement, where the evidence suggests that it would be appropriate to do so, teams may distinguish between the current management of quality and/or standards and the likely future management of quality and/or standards.

98. A fuller framework for the judgements criteria is given in **Annex 11**.

Follow-up to IWR

99. In all cases, it is intended that the review report will serve as an important and useful document in continuing strategic and operational planning within the institution. Institutional use of the IWR Report linked to the Reflective Analysis is by far the most important follow-up and outcome to IWR. However, in relation to the Quality Board, the required follow-up activities will depend on the confidence judgement reached.

100. In cases of **confidence in the management of quality and standards**, the only requirement is that the institution produces a written year-on report on the first anniversary of publication by the Quality Board of the final version of the IWR report. This year-on report will be discussed at the next Annual Meeting with the Board representative, and will normally be published on the Board's website alongside the original Review Report. The purpose of the brief year-on report is to indicate how the main points raised in the report have been taken forward by the institution and to provide an updating in relation to any major changes in the institution that would have a bearing on the matters raised in the report. It is important to note that the year-on activities are not conducted in the context of a compliance culture. It is for the institution to reflect on its report and decide on appropriate follow-up actions and activities. The year-on report should be relatively brief and unlikely to exceed ten pages.

101. Because of the relatively long review cycle, in year 3 or 4 following the publication of an IWR Report in which all judgements are of confidence, there will be a Mid-term Progress Report. This will be undertaken as part of the Annual Meeting in that year. On that occasion, the Board member who undertakes the Annual Meetings will be joined by a member (normally the Chair) of the institution's Review Team. Two weeks in advance of this meeting, the institution is asked to submit to the Board Manager an electronic copy of a brief progress report which is unlikely to exceed twenty pages, unless it particularly suits the institution to do so. This Progress Report should indicate the progress made by the institution since the IWR in following through matters raised in the IWR Report and the institution's associated Action Plan. At the Annual Meeting, the discussion on this Progress Report will be led by the representative of the IWR Team. Following this Annual Meeting, the institution's Progress Report (amended in the light of discussion at the Annual Meeting if the institution so wishes) will be forwarded to the Board. This will be accompanied by a brief commentary from the Review Team representative. The Board will then sign-off these documents for publication on the QEF website alongside the initial IWR Report and the Year-on Report. Through these mechanisms there is

* Notes for further guidance on Paragraphs 86-88 are available at www.qef.is/publications-and-resources

a consistent flow of public information provided on each institution throughout the cycle.

102. In cases of judgements of **limited confidence in the management of quality and/or standards**, the institution will be asked to produce an Action Plan that will address how the weaknesses identified will be remedied. The Action Plan should be submitted to the Board Manager within two months of receipt of the final report. The Quality Board, normally in consultation with both the Review Chair and the institution, will make a judgement on the potential adequacy of the Action Plan to address the identified weaknesses. In the event of a Plan being deemed inadequate, a representative of the Quality Board (together with the Board Manager) will meet with the Rector or senior representative of the institution to agree a speedy resolution. In the unlikely event of a failure to agree an Action Plan, the Board will report to MESC that it is unable to fulfil its obligations in this particular context and take instruction from MESC. Until the matter is resolved, the report, including judgments, will stand. The Board will take no further action until advised by MESC. In the meantime, the Board would continue to engage fully with the institution through annual and other meetings and other mechanisms. Otherwise, once the Action Plan is agreed, the Board will monitor the implementation of the Action Plan, and, on completion to the Board's satisfaction, will issue a brief report that would be published on the QEF website alongside the original IWR Report. Further information on these steps and timescales is provided in **Annex 8**.

103. In cases of any judgement of limited confidence, when the Board is considering the satisfactory completion of the implementation of the Action Plan, the Board, following discussion with the institution, will also decide on the timing of the Annual Meeting for which the more general Mid-Term Progress Report should be prepared (see **Paragraph 102** above).

104. In cases of judgements of **no confidence in the management of quality and standards**, the Board would urgently arrange a meeting involving the institution, MESC and the Chair of the Quality Board to discuss the outcome of the IWR. Thereafter, it would be for MESC to decide on the most appropriate way forward.

The environment of enhancement

105. Having outlined the consequences of various outcomes in the preceding paragraphs, it is important to re-emphasise that the QEF operates in an environment of enhancement where the institutions, Quality Council and Quality Board are all working in a supportive partnership to enhance the quality of all provision. The supportive and developmental environment created by the Quality Council and Board will continue to build on the existing strengths demonstrated throughout the first cycle of the QEF.

SECTION 5: Complaints and Appeals

Rationale

106. This section of the Handbook defines and outlines the processes for taking forward complaints and appeals relating to the work of the Quality Board or any group formally working on behalf of the Board.

Definitions

107. Complaints refer to any dissatisfaction with the services, actions or behaviour of any individual or group acting in a formal capacity on behalf of the Quality Board. Complaints may arise in the context of any aspect of the Board's work including, but not limited to, review activity. An appeal is a challenge to a specific judgement in relation to IWR.

Complaints

108. Complaints should be raised at the earliest possible time by the complainant, normally directly with the person involved or the immediately relevant individual (e.g. an IWR Team Secretary or Chair) as soon as practicable after the cause of the grievance becomes evident. Every reasonable attempt should be made to resolve the cause of the complaint as soon as practicable at this local and informal stage. It is anticipated that local resolution will normally be possible.

109. However, if local resolution is not possible or satisfactory in the eyes of the complainant, the complaint should be escalated by the complainant by submitting the complaint in writing to the Board Manager. The written complaint should be received by the Board Manager within ten working days of the

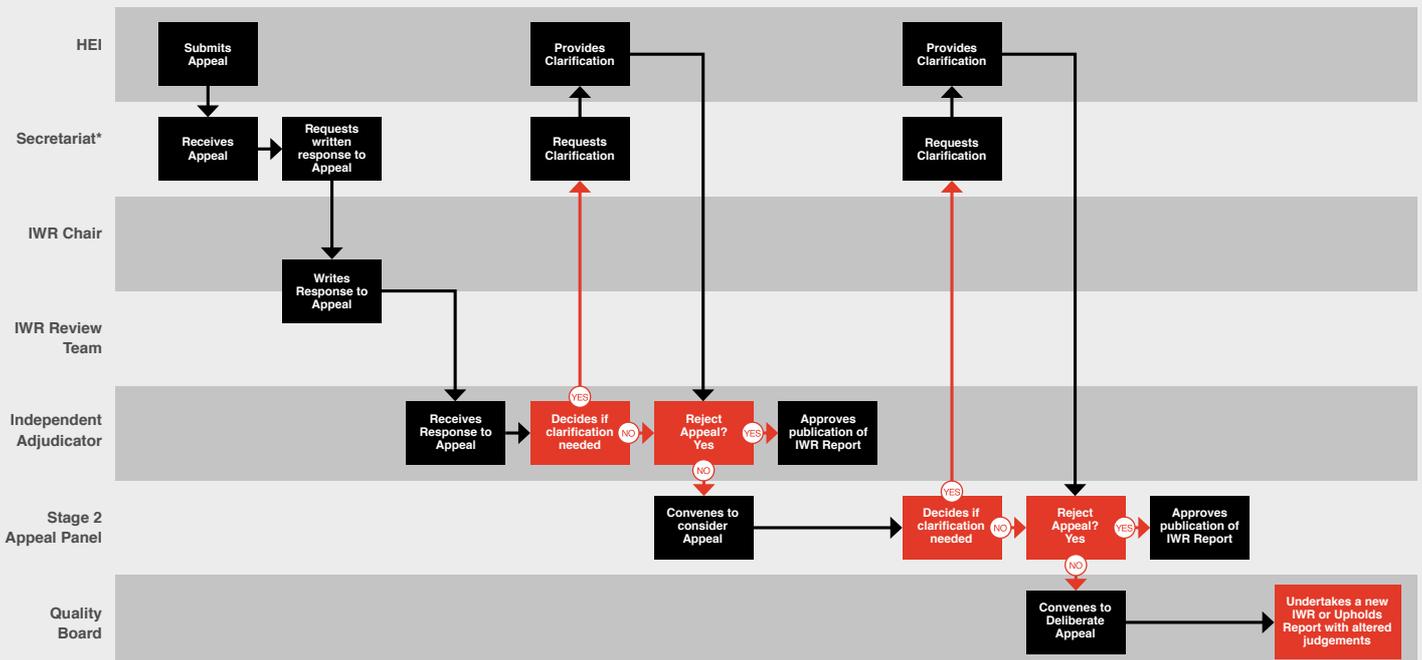
cause for complaint occurring. The Board Manager will acknowledge receipt of the complaint within a further five working days of receipt of the written complaint. Normally, the Board Manager will deal with the complaint in person, and will respond in writing within four weeks of the receipt of the written complaint. In seeking to resolve the complaint, the Board Manager may consult with a neutral member of the Quality Board (but not the Chair). If the complainant is unwilling to accept this outcome, this should be stated in writing within ten working days from receipt of the outcome from the Board Manager. Such a statement should be addressed to the Chair of the Quality Board who will review the case and all associated evidence. The Board Chair will come to a judgement (in consultation with one other neutral Board member who has had no previous involvement in the case) regarding the complaint. The complainant will then be informed of the outcome in writing, normally within ten days of receipt of the appeal by the Board Chair in writing. The decision of the Board Chair is final and no further consideration of the complaint is possible.

110. If the complaint concerns the Board Manager and local resolution is not possible, the process described above (**Paragraphs 108-109**) should be followed substituting the Chair of the Board for the Board Manager. The Chair of the Board will not deal personally with the complaint in the first instance, but will pass it to a neutral Board member to deal with in the first instance. This leaves the Board Chair free to act as the final arbiter if required as outlined in **Paragraph 109** above.

Appeals

111. An appeal is a challenge to a specific judgement in IWR. An appeal **can only be made against a limited or no confidence judgement**. The only grounds for an appeal relate to **Procedure**: 'Irregularity of such significance that the legitimacy of decisions are called into question'.

Figure 6. Appeals



*If appeal involves Sec. Then board

112. An appeal can only be made following the HEI's receipt of the final Draft Report, i.e. following the meeting of the Quality Board to agree the final IWR Report and associated judgements. All communications relating to an appeal should be with the Board Manager, except where the Board Manager is implicated in the appeal, in which case all communications would be through a Board member with no links to the institution concerned. Formal written notification of the intention to appeal should be received by the Board Manager within 14 days of the Board's notification to the institution of the outcome of the relevant Board meeting as described in **Paragraph 88** above. If an IWR Report is eligible for appeal (i.e. if it contains any judgement less than confidence), the Board will not proceed to publication of the report until the 14 day limit for appeal notification has been passed. If no written notice of intention to appeal is forthcoming, the Board will then proceed to publication of the IWR Report. In the event of a written notice of intention to appeal being received within the fourteen-day time limit, publication will be suspended at least until the outcome of the appeal has been established.

113. The full appeal should be submitted in writing to the Board Manager within a further two weeks i.e. a total of 28 days from the relevant Board meeting which confirmed the final IWR Report and judgements.

114. Normally, the process of resolving an appeal will be completed within four working weeks (i.e. excluding holiday periods) from the date of receipt of the full written complaint from the institution.

115. The appeal must state clearly the precise grounds which form the basis of the appeal (in the terms covered in **Paragraph 111** above) and the judgement(s) that are being appealed against. Any complaints raised previously in relation to the IWR should be referred to. If there were no previous complaints raised by the institution, it should be made clear why the matter was not raised at an earlier stage. It should be demonstrated in the appeal how the procedural irregularity has been of such significance as to affect the judgement of the Team.

116. The Review Team Chair, in consultation with the Team, will be asked by the Board Manager to provide a written response to the institution's written appeal. The Chair's response will be shared (for information only) with the institution.

117. There are then two stages to dealing with an appeal. At Stage 1, initial consideration will be given by an Independent Adjudicator, experienced in international review activity including IWR within the Icelandic QEF. This individual will be supported by the Board Manager, but will act and report independently. If it is felt necessary by the individual, the Board Manager may contact the institution for points of clarification. Following careful consideration of the facts, if she/he concludes that there are no reasonable grounds for appeal in terms of the regulations described in the QEF Handbook, the institution will be informed of the outcome and the appeal will proceed no further. No subsequent appeal

is possible against this outcome within the QEF, and the Board will proceed to publish the IWR Report.

118. If the Independent Adjudicator finds that there are reasonable grounds for an appeal in the evidence submitted, the appeal will then progress to Stage 2 where the appeal will be considered by a small Stage 2 Appeal Panel. The Stage 2 Appeal Panel will comprise three independent international experts who have experience within the Icelandic QEF. The Appeal Panel will meet (in person or electronically) to consider the appeal and review all the evidence produced for Stage 1 and also the report of the expert from Stage 1. If it is felt necessary by the Appeal Panel, the institution may be contacted for points of clarification. Normally, following careful consideration of the facts, the Appeal Panel will reach a conclusion at the end of this meeting. The Appeal Panel will conclude either to "uphold the original IWR judgement(s)", or "remand back to the Board". No presentations or other attendance will be permitted at this meeting. The ruling of the Stage 2 Appeal Panel is final within the QEF processes.

119. Where the Stage 2 Appeal Panel rules that the appeal should be rejected and original judgement(s) upheld, the Board will proceed to publish the IWR Report.

120. The Stage 2 Appeal Panel will uphold the appeal when, in the view of the Panel, the evidence demonstrates clearly that there has been such a significant procedural deviation that the associated judgement is unsound. The decision of the Stage 2 Appeal Panel to uphold the appeal will be binding and will be communicated to the Board for forwarding to the institution.

121. In addition, if an appeal is upheld, the Stage 2 Panel will recommend to the Board consequential action. The Board will consider this recommendation from the Stage 2 Appeal Panel and communicate the Board's decision on consequential action to the institution within ten working days of receiving the report from the Stage 2 Appeal Panel.

The Board can decide:

a. to set aside the entire review and undertake a fresh IWR with a fresh Review Team. At the discretion of the institution, the institution may re-submit the original RA; submit an addendum or annex in addition to the original RA; or, submit a fresh RA. This decision to 'set aside' will only be taken where, in the view of the Board and in the light of the advice of the Stage 2 Appeal Panel, the reason for upholding the appeal is so serious as to render the whole process questionable.

Alternatively, the Board can decide:

b. to uphold the Report with amendments and/or altered judgements in the light of the report of the Stage 2 Appeals Panel. In these circumstances, the Board will publish the revised Report within two weeks of the Board meeting to consider the report of the Stage 2 Appeals Panel. This final report will be prepared by the Board Secretary and signed off by the Board Chair.

SECTION 6: Annual meetings with representatives of the Quality Board

Rationale

122. The Annual Meetings are a key channel of communication between each institution and the Board. It is beneficial for each institution to have a regular and structured point of contact with the Quality Board. This is necessary in order that the Board sustains good institutional relationships and understands the dynamics of each institution. It is also important that the Board is kept up to date in relation to institutional developments and pressures. Equally, it is important that the Board has an opportunity to update institutional colleagues in relation to Board activities. One of the most significant features of the QEF is to operate a 'no surprises' policy – the maintenance of an open dialogue between the Board and the institutions through the Annual Meetings is an essential aspect of this policy. Processes for considering the IWR Year-on Report and for conducting the Mid-term Progress Report activities are built into the structure of Annual meetings as described above in **Section 4**.

Operation and format

123. The timing of the Annual Meetings is arranged in order to be mutually convenient for both the institution and the Board representatives. The meetings will normally last up to half a day – but can be longer by mutual agreement. The Annual Meeting to consider the Mid-term Progress Report lasts one full day. This meeting will involve a group of senior staff and students agreed in advance. Apart from this occasion, it is entirely up to the institution to decide who will meet with the Board representatives. The normal pattern is that the group is relatively small (to maintain informality) and includes: the Rector; the senior member of staff responsible for managing the quality system; staff responsible for chairing key institutional committees and units; and, student representatives. The details regarding attendance at the Annual Meeting are discussed informally prior to each Meeting.

124. From the Board, there will be one identified member who will be attached to each institution for the second cycle, to be involved in the Annual Meetings. To avoid any conflict of interests, that Board member will not take part in confirming the judgements following that institution's IWR.

125. Apart from the Mid-term Progress Report, the agenda for each Annual Meeting will be proposed by the institution and agreed with the relevant Board member. The following points indicate likely areas for inclusion:

- An overview of recent developments in the institution and discussion of current issues
- A discussion of each of the SLRs completed since the previous Annual Meeting
- A discussion of developments in Board matters
- An update from student representatives on student-related quality matters
- Additional possible agenda items can be agreed upon in advance through discussions between the Board's Secretariat and the institution's Quality Manager
- In the year (or two) in advance of an institution's IWR, discussion on planning for the IWR would be appropriate (although this can be an item for discussion at any Annual Meeting at the discretion of the institution)
- In the year following the IWR, the Annual Meeting will include discussion of the Year-on Report.
- The agenda for the Annual Meeting dealing with the Mid-term Progress Report following the IWR (year 3 or 4) is discussed in **Section 4** above (IWR).

Documentation and records

126. In general, there is no requirement to produce any documentation or papers specifically for these meetings. It may be that the institution would wish to share existing papers or documents for information with the Board representatives, but this is not a requirement. When appropriate, the Year-on Report and Mid-term Progress Report should be made available in advance of the meeting as noted in the following paragraph. Similarly, there will not be a formal record of the outcomes of discussion at Annual Meetings. Following the Annual Meeting, a file note will be made by the Board of the topics discussed. This is purely for Board information and to assist in planning the next annual discussion. These file notes will not form part of any formal record and will not be available to IWR Review Team members. The file note will be shared with the institution.

127. Exceptions to the no requirement for documentation are the Mid-term Progress Report and the 'Year-on Report'. The requirements for the Mid-term Progress Report are discussed above (**see Section 4**). The Year-on Report is discussed in **Paragraph 100** above. Depending on timing, if the institution so chooses, it could produce a draft of the Year-on Report for the Annual Meeting and produce a final version following the meeting. That is entirely for the institution to decide.

SECTION 7: Special Quality Board-led reviews

Rationale

128. There are some circumstances in which the Board may carry out special reviews outwith the normal cycle of IWRs outlined in Section 4 above. For example, an institution or collection of institutions may request a review; MESC may request a review; there could be a request for a system-wide review of some aspect of provision; the Quality Council or the Quality Board itself may wish to initiate a review. In such cases, special reviews fit for the specific purpose intended would be devised and conducted. The general principles that would be followed in such cases are outlined briefly below. It is anticipated that such reviews would be infrequent.

Institution-commissioned reviews

129. In general it is not the role of the Board to undertake reviews for institutions other than as indicated in the preceding sections. Indeed the Board is keen to support the continuing development of effective and robust internal quality management systems of the institutions themselves. There might, however, be an exceptional set of circumstances (e.g. significant and relatively widespread elements of systemic failure) where it was difficult or impossible for an institution to undertake a particular review itself. In these circumstances, the Rector should contact the Chair of the Quality Board to arrange an early informal and confidential discussion to explore options. Similarly, a consortium of HEIs, acting together, could commission and pay for such a review. Reports from such reviews would not generally be published by the Board unless this is agreed in advance.

Ministry-commissioned reviews

130. There may be occasions when it would be appropriate for MESC to commission a special review from the Board. For example, there could be a requirement for an overall review of teacher training or distance and blended learning in Iceland. In such cases, special reviews would be designed and executed by the Board and funded by MESC. These reviews would be carried out in accordance with all relevant laws and regulations. In executing these reviews, the Board would maintain full independence.

Quality Council-initiated special reviews

131. The Quality Council might decide that it required to collect systematic evidence on an aspect of provision across institutions. For example, as part of its support of enhancement it might wish

to survey student or employer feedback systems across Iceland. In such circumstances it might be appropriate to commission a special Board review. Requests for such special reviews would normally be discussed initially between the Chairs of the Quality Council and Board to agree a broad methodology, timescale and funding. Normally, the reports of such reviews would be published by the Quality Council, either independently or jointly with the Board.

Piloting the extended model of research evaluation

132. A further form of special review that will be undertaken during the second cycle will be the piloting of a methodology for the evaluation and international benchmarking of research outputs referred to in Section 3. During the second cycle, the Board will establish a Research Evaluation Advisory Committee (REAC) to support the further development of the evaluation of research within the QEF. Part of the remit of REAC will be to undertake the development and piloting of the extended model of research evaluation referred to above, in Paragraph 42. This model will be focussed on producing a methodology for the evaluation of research outputs in an international context. The piloting will be on a very limited scale and undertaken on a voluntary basis.

Comparison of research evaluation models

| | Core Model | Extended Model |
|-------------------|--|---|
| Focus | Evaluation of management of research | Evaluation of quality of research output |
| Type | Mandatory part of SLR | Optional review - requires formal application from HEI |
| Level of analysis | Subject-level | Subject-level |
| Benchmarks | Self-selected by unit | International benchmarks of the quality of research outputs |
| Links to SLR | Part of SLR | No links |
| Links to IWR | Thematic coverage in IWR - no judgment | No links |
| Review Team | Part of the remit for SLR Teams | External peer evaluators |
| Externality | SLR externals - see Annex 5 | External peer evaluators |

SECTION 8: The Quality Council

Rationale

133. The structures of the Quality Council and the Quality Board reflect and embody the fundamental principles of the Icelandic QEF. The key role given to the Quality Council reflects the fundamental ownership of quality and standards by the autonomous HEIs and their students, together with the strong influence on the QEF of Icelandic structures and higher education cultures. On the other hand, the international and independent structure of the Board reflects the principles of international excellence and independence of action and judgement. Together, the Council and Board provide a powerful platform for assuring and enhancing quality and safeguarding the standards of the awards of Icelandic higher education. Their activities taken together reflect the pressures and priorities of Iceland, but continue to locate the quality and standards of the higher education system firmly in a global context.

Structure

134. The membership of the Council is rooted in the HEIs of Iceland involving the senior staff with responsibility for institution-wide management of quality in the seven HEIs. Reflecting the importance of student engagement in the QEF, there are two students of Icelandic HEIs in full membership of the Council. The Council elects its own Chair from among the institutional representatives. For more detail on the Council, please refer to **Annex 2**.

Remit

135. The Remit of the Council includes:

- Supporting the sector on the development and enhancement of internal quality mechanisms
- Sponsoring a range of activities (workshops, seminars etc) to support the sector in enhancing the student experience, and maintaining standards in Icelandic higher education
- Liaising with the Quality Board on the development and methodology of external quality assurance through meetings that generally occur once per semester
- Producing a range of publications

designed to support the institutions in enhancing the student experience, quality and standards, drawing on, inter alia, the reports of the Quality Board, and material produced by ENQA

- Being a forum for discussion on national policy that affects quality and standards in Icelandic Higher Education in Iceland
- Holding joint meetings with the Quality Board each semester.

Activities

136. The Council provides a key forum for the exchange of information and good practice on managing and enhancing quality in the Icelandic sector. Within the resources available to it, the Council continues to provide an important focus for sharing practice, mutual support and advising the work of the Board. In this regard, it is important to note that the Chair of the Council is invited to all meetings of the Board and receives all Board papers, the only exclusions being of matters specifically relating to one of the Icelandic institutions.

137. During the first phase of the QEF, the Council played an extremely important role in running a series of developmental workshops in areas such as “Preparing a Reflective Analysis” and “Good practice in SLR”, as well as providing an important ongoing forum for discussion on emerging experience of the QEF.

138. In general, it is hoped that, should resources permit, the Council will be able to undertake a more extensive range of workshop and development activities that would support all institutions and practitioners in the further enhancement in the management of research, teaching and learning and security of the standards of awards.

SECTION 9: Monitoring and review of the QEF

Rationale

139. It is important that the QEF should practise what it preaches by itself engaging in systematic evidence-based reflection. The following paragraphs outline the approach to monitoring and review of the QEF.

Annual monitoring

140. All formal interactions in the IWR are formally monitored through brief questionnaires. All Review Teams are asked for feedback relating to their training and preparation for reviews, to the support received during reviews and to their role in the preparation of Reports. Similarly, all institutions are asked to provide information on their review experience – before, during and following review. This information feeds into the Board's ongoing reflections and shaping of practice and accumulates to provide valuable input over the cycle into the next end of cycle evaluation. Feedback is also sought on the effectiveness of the Annual Meetings and on any events sponsored by the Quality Board.

141. There is an annual conference for the sector organized jointly by the Council and Board at which outcomes from Board monitoring are fed back to the sector and additional contributions invited. The conference also provides the opportunity to engage with topics in managing quality, standards and research currently relevant to the sector.

142. In addition, there is regular feedback from the Quality Council provided by its Chair at meetings of the Quality Board.

143. Where the monitoring evidence indicates that it would be desirable to make minor changes to the QEF, this is undertaken by the Board following consultation with the Council and MESC as appropriate. Any such minor change is documented and published as an annex to the Handbook and distributed to all institutions.

Periodic review

144. At the end of the second cycle, a full review of the QEF will be undertaken during the built-in year of reflection. This will draw on evidence from the accumulation of the annual monitoring process, an independent survey of key stakeholders, and discussion with the Rectors' Conference, MESC officials, the Quality Council and the national and local Student Associations. In the light of the evidence received, the Board will then prepare a draft of proposed revisions to the QEF for discussion, consideration and agreement.

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Annex 1: The Quality Board membership and remit

About

The role of the Board, under commission from the Icelandic Government, is to develop, maintain, and oversee the operation of the QEF in line with international good practice and in sympathy with Icelandic culture, traditions, social and legal frameworks. In fulfilling its role, the Board liaises closely with the Icelandic Government, Icelandic Rectors' Conference and the National Union for Icelandic Students. When developing recommendations for significant change to the QEF, as for example in the development of QEF2, it is ultimately for Government to agree or otherwise such changes or developments before they can be introduced. Once agreed, however, the Board will act independently in managing and overseeing the operation of the QEF.

In carrying out all its functions and in its behaviours the Board will continue to operate in line with international good practice including that identified by the European Network of Quality Assurance Agencies (ENQA) and the International Network of Quality Assurance Agencies in Higher Education (INQAAHE).

Board members and chair are appointed by MESC, taking into account gender balance. For a listing of current members of the Quality Board, please visit the Quality Enhancement Framework's website at: <https://en.rannis.is/activities/quality-enhancement-framework/>

The Quality Board is supported in all its operations by a Quality Board Manager.

Remit

The remit of the Quality Board will include, under commission from MESC:

- Designing the methodology for the external assurance and enhancement of quality and standards for recommendation to MESC, following consultation with the Quality Council
- Publishing a handbook on the methodology to be implemented for the external assurance of quality and standards
- Overseeing the execution of the agreed scheme for the external assurance of quality and standards
- Ensuring proper mechanisms for complaints and appeals in external quality assurance processes
- Publishing reports on the outcomes of the quality assurance processes
- Consulting with the Quality Council in relation to methodologies for external quality assurance
- Advising the Quality Council and MESC on internal approaches to quality assurance and enhancement
- Reporting to MESC and the Quality Council on the outcomes of the external quality reviews
- Advising the Quality Council on enhancement activities
- Seeking external benchmarking of the operations of the Quality Board, including regular external review.

Language

The normal working language of the Quality Board, its panels, sub-groups and working parties will be English. The prime language of its reports and any publications will be English with translations provided as appropriate.

Annex 2: The Quality Council membership and remit

Membership:

The members of the Quality Council are appointed by the MESOC, drawn from each of the HEIs in Iceland. In addition there are two student members of the Council.

In general, representatives of the HEIs on the Quality Council are the senior staff with institutional responsibility for managing quality and standards.

Student members of the Quality Council are appointed by the National Union for Icelandic Students.

A representative of MESOC attends Quality Council meetings as an observer, as does the Manager of the Quality Board.

The Chair of the Quality Council is elected by and from the membership, and attends Quality Board meetings as an ex officio member without voting rights. (Where agenda items of the Quality Board would create a possible conflict of interest, or where matters related to a particular Icelandic institution are on the Board agenda, the Chair of the Council withdraws from the Board meeting for that item.)

For a listing of current members of the Quality Council, please visit the Quality Board's website at: <https://en.rannis.is/activities/quality-enhancement-framework/>

Remit:

The remit of the Quality Council includes:

- Supporting the sector on the development and enhancement of internal quality mechanisms
- Sponsoring a range of activities (workshops, seminars etc) to support the sector in enhancing the student experience, and maintaining standards in Icelandic higher education

- Liaising with the Quality Board on the development and methodology of external quality assurance through meetings that generally occur once per semester
- Producing a range of publications designed to support the institutions in enhancing the student experience, quality and standards, drawing on, inter alia, the reports of the Quality Board, and material produced by ENQA
- Serving as a forum for discussion on national policy that affects quality and standards in Icelandic Higher Education.

The Quality Council has joint meetings with the Quality Board each semester.

Language

The normal working language of the Quality Council will be Icelandic, except where documents are produced for the Quality Board.

Annex 3: Icelandic Quality Board for Higher Education

Conflict of Interest Statement

Background

Elements of the QEF involve the appointment of externals to key roles in which it is vital that conflicts of interests are avoided. Specifically, this relates to the appointment of externals to the review panels for Institution-led SLRs and also to the panel members for Board-led IWRs. The HEIs in Iceland have their own internal requirements for avoiding conflicts of interest regarding the appointment of externals to fulfil various roles. In general, it is expected that the requirements of HEIs for avoiding conflicts of interest in their own processes will be in harmony with the Board's requirements. However, for the avoidance of doubt the following brief note has been prepared to outline the requirements of the Board.

Given the diversity of possible circumstances, it is both impossible and undesirable to provide an exhaustive list of factors that could create a potential conflict of interest. Colleagues are asked in all cases to consider the meaning of conflict of interest as outlined in the next paragraph. It is always helpful to give explicit consideration to the matter of potential conflicts when making or recommending these appointments. As a final note, it is usually better to err on the side of caution in these matters.

Description of material conflict of interest

Within the QEF, a material conflict of interest exists when there are circumstances pertaining to an individual in the context of a particular institution that may impair, or be reasonably assumed to impair, the objectivity of the individual's professional judgement. In addition, the Board will ask itself, "seen from the outside", are there any circumstances pertaining to the individual in the context of that institution which may impair, or be assumed to impair, the individual's objective professional judgement? It is also the responsibility of the person signing this statement to identify where conflict of interest exists or may exist.

Factors contributing to a material conflict of interest

The following factors exemplify a material conflict of interest:

- A family member or close relation – any close relation either through blood or current or previous partnerships
- A friend – a close personal friend of any individual with any significant role in the context under review

- A current or recent* employee of the institution
- A recent*, or immediately prospective, applicant for employment at the institution
- A graduate of the institution
- A current or recent* professional colleague from outwith the institution with whom significant joint professional activities have been undertaken. (e.g. co-author or co-researcher).

The following factors may contribute to a material conflict of interest. In these cases very careful consideration needs to be given to the potential (actual or perceived) material conflict of interest. Any of these factors should be explicitly recognized and stated and the matter explicitly weighed in the balance. In the context of Institution-led Reviews, the Board would be very happy to discuss the matter informally and in total confidence.

- An ex-employee of the institution who has maintained a close formal or informal relationship with the institution or relevant individuals within the institution
- A current or recent* research supervisor
- A distant relation
- A colleague who has been part of a shared professional large group but not necessarily described as a close colleague, e.g. a minor collaborator in a relatively large research team
- An employee who left the institution more than 5 years previously
- A previous applicant for a post at the institution more than 5 years previously.

Application

The Board will apply these criteria to the appointment of members of its review panels for IWR. The Board will undertake all reasonable action to ensure that no "material conflict of interest" exists between an institution and a potential reviewer (i.e. a conflict of interest which is significant and relevant to that particular context. See above, **Paragraph 2**). Potential reviewers will be asked to sign a statement confirming that no material conflict exists. Institutions are also asked to confirm that this is the case.

In the appointment of externals on Institution-led SLRs, institutions have the responsibility to confirm that no material conflict of interest applies. In any cases where the institution is uncertain whether or not a material conflict of interest exists, advice should be sought from the Board.

* Recent is defined as past 5 years

Annex 4: European Standards and Guidelines (2015)

ESG Standard 1.1: Policy for Quality Assurance

-Standard

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

-Guidelines

Policies and processes are the main pillars of a coherent institutional quality assurance system that forms a cycle for continuous improvement and contributes to the accountability of the institution. It supports the development of quality culture in which all internal stakeholders assume responsibility for quality and engage in quality assurance at all levels of the institution. In order to facilitate this, the policy has a formal status and is publicly available.

Quality assurance policies are most effective when they reflect the relationship between research and learning & teaching and take account of both the national context in which the institution operates, the institutional context and its strategic approach. Such a policy supports :

- the organisation of the quality assurance system;
- departments, schools, faculties and other organisational units as well as those of institutional leadership, individual staff members and students to take on their responsibilities in quality assurance;
- academic integrity and freedom and is vigilant against academic fraud;
- guarding against intolerance of any kind or discrimination against the students or staff;
- the involvement of external stakeholders in quality assurance.

The policy translates into practice through a variety of internal quality assurance processes that allow participation across the institution. How the policy is implemented, monitored and revised is the institution's decision.

The quality assurance policy also covers any elements of an institution's activities that are subcontracted to or carried out by other parties

ESG Standard 1.2: Design and Approval of Programmes

-Standard

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for

higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

-Guidelines

Study programmes are at the core of the HEIs' teaching mission. They provide students with both academic knowledge and skills including those that are transferable, which may influence their personal development and may be applied in their future careers.

Programmes

- are designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes;
- are designed by involving students and other stakeholders in the work;
- benefit from external expertise and reference points;
- reflect the four purposes of higher education of the Council of Europe (cf. Scope and Concepts);
- are designed so that they enable smooth student progression;
- define the expected student workload, e.g. in ECTS;
- include well-structured placement opportunities where appropriate;
- are subject to a formal institutional approval process.

ESG Standard 1.3: Student-Centered Learning, Teaching and Assessment

-Standard

Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

-Guidelines

Student-centred learning and teaching plays an important role in stimulating students' motivation, self-reflection and engagement in the learning process. This means careful consideration of the design and delivery of study programmes and the assessment of outcomes. The implementation of student-centred learning and teaching

- respects and attends to the diversity of students and their needs, enabling flexible learning paths;
- considers and uses different modes of delivery, where appropriate;
- flexibly uses a variety of pedagogical methods;
- regularly evaluates and adjusts the modes of delivery and pedagogical methods;
- encourages a sense of autonomy in the learner, while ensuring adequate guidance and support from the teacher;
- promotes mutual respect within the learner-teacher relationship;
- has appropriate procedures for dealing with students' complaints.

Considering the importance of assessment for the students' progression and their future careers, quality assurance processes for assessment take into account the following:

- Assessors are familiar with existing testing and examination methods and receive support in developing their own skills in this field;
- The criteria for and method of assessment as well as criteria for marking are published in advance;
- The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved.

Students are given feedback, which, if necessary, is linked to advice on the learning process;

- Where possible, assessment is carried out by more than one examiner;
- The regulations for assessment take into account mitigating circumstances;
- Assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures;
- A formal procedure for student appeals is in place.

ESG Standard 1.4: Student Admission, Progression, Recognition and Certification

-Standard

Institutions should consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.

-Guidelines

Providing conditions and support that are necessary for students to make progress in their academic career is in the best interest of the individual students, programmes, institutions and systems. It is vital to have fit-for-purpose admission, recognition and completion procedures, particularly when students are mobile within and across higher education systems.

It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner. Induction to the institution and the programme is provided.

Institutions need to put in place both processes and tools to collect, monitor and act on information on student progression.

Fair recognition of higher education qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning, are essential components for ensuring the students' progress in their studies, while promoting mobility. Appropriate recognition procedures rely on

- institutional practice for recognition being in line with the principles of the Lisbon Recognition Convention;
- cooperation with other institutions, quality assurance agencies and the national ENIC/NARIC centre with a view to ensuring coherent recognition across the country.

Graduation represents the culmination of the students' period of study. Students need to receive documentation explaining the qualification gained, including achieved

learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

ESG Standard 1.5: Teaching Staff

-Standard

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

-Guidelines

The teacher's role is essential in creating a high quality student experience and enabling the acquisition of knowledge, competences and skills. The diversifying student population and stronger focus on learning outcomes require student-centred learning and teaching and the role of the teacher is, therefore, also changing (cf. Standard 1.3).

HEIs have primary responsibility for the quality of their staff and for providing them with a supportive environment that allows them to carry out their work effectively.

Such an environment

- sets up and follows clear, transparent and fair processes for staff recruitment and conditions of employment that recognise the importance of teaching;
- offers opportunities for and promotes the professional development of teaching staff;
- encourages scholarly activity to strengthen the link between education and research;
- encourages innovation in teaching methods and the use of new technologies.

ESG Standard 1.6: Learning Resources and Student Support

-Standard

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

-Guidelines

For a good higher education experience, institutions provide a range of resources to assist student learning. These vary from physical resources such as libraries, study facilities and IT infrastructure to human support in the form of tutors, counsellors and other advisers. The role of support services is of particular importance in facilitating the mobility of students within and across higher education systems.

The needs of a diverse student population (such as mature, part-time, employed and international students as well as students with disabilities), and the shift towards student-centred learning and flexible modes of learning and teaching, are taken into account when allocating, planning and providing the learning resources and student support.

Support activities and facilities may be organised in a variety of ways depending on the institutional context. However, the internal quality assurance ensures that all resources are fit for purpose, accessible, and that students are informed about the services available to them.

In delivering support services the role of support and administrative staff is crucial and therefore they need to be qualified and have opportunities to develop their competences.

ESG Standard 1.7: Information management

-Standard

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

-Guidelines

Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system.

The information gathered depends, to some extent, on the type and mission of the institution.

The following are of interest:

- Key performance indicators;
- Profile of the student population;
- Student progression, success and drop-out rates;
- Students' satisfaction with their programmes;
- Learning resources and student support available;
- Career paths of graduates.

Various methods of collecting information may be used. It is important that students and staff are involved in providing and analysing information and planning follow-up activities.

ESG Standard 1.8: Public information

-Standard

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

-Guidelines

Information on institutions' activities is useful for prospective and current students as well as for graduates, other stakeholders and the public.

Therefore, institutions provide information about their activities, including the programmes they offer and the selection criteria for them, the intended learning outcomes of these programmes, the qualifications they award, the teaching, learning and assessment procedures used, the pass rates and the learning opportunities available to their students as well as graduate employment information.

ESG Standard 1.9: On-going Monitoring and Periodic Review of Programmes

-Standard

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

-Guidelines

Regular monitoring, review and revision of study programmes aim to ensure that the provision remains appropriate and to create a supportive and effective learning environment for students.

They include the evaluation of:

- The content of the programme in the light of the latest research in the given discipline thus ensuring that the programme is up to date;
- The changing needs of society;
- The students' workload, progression and completion;
- The effectiveness of procedures for assessment of students;
- The student expectations, needs and satisfaction in relation to the programme;
- The learning environment and support services and their fitness for purpose for the programme.

Programmes are reviewed and revised regularly involving students and other stakeholders. The information collected is analysed and the programme is adapted to ensure that it is up-to-date. Revised programme specifications are published.

ESG Standard 1.10: Cyclical external quality assurance

-Standard

Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

-Guidelines

External quality assurance in its various forms can verify the effectiveness of institutions' internal quality assurance, act as a catalyst for improvement and offer the institution new perspectives. It will also provide information to assure the institution and the public of the quality of the institution's activities

Institutions participate in cyclical external quality assurance that takes account, where relevant, of the requirements of the legislative framework in which they operate. Therefore, depending on the framework, this external quality assurance may take different forms and focus at different organisational levels (such as programme, faculty or institution).

Quality assurance is a continuous process that does not end with the external feedback or report or its follow-up process within the institution. Therefore, institutions ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

Annex 5: Good Practice in deploying externals in SLRs

It is important to recall that in QEF2 the responsibility for SLRs lies with the institutions, and it is up to each institution to decide how most effectively to manage their SLRs in general, and the deployment of externals within them in particular. The following notes of guidance are therefore offered in response to requests for guidance in this area. As is made clear in the body of the Handbook, the key requirements are that these SLRs cover all areas of the curriculum in a systematic manner, involving students and an external(s) in the process, lead to the production of formal reports and provide the basis for public information.

Guidance

In every review, there should be at least 1 external visiting in person, and in some cases it may be helpful to have 2. It should be noted that the SLRs in QEF2 will now include an overview of the management of research, and expertise in evaluating this area should be borne in mind when selecting externals.

The appointing letters should identify the main role, demands and timescales involved in the work of the externals. In QEF2, the appointments will not be sanctioned by the Quality Board. The appointments are the responsibility of the institution, and should be approved internally through formal processes. The SLR Report should have an annex including the outline CV(s) of the external(s) and the dates of approval of appointment as outlined above.

There should be no conflict of interest, real or perceived, with the institution/department involved in the review.

The role of the externals will be determined by the institution and relayed to the external on appointment. The details of the role will vary between institutions and also between reviews, but would normally include:

- Initial sharing of the proposed overall process of SLR in draft form, with an opportunity to comment before process is finalized
- Access to all documentation given to students regarding the programmes under review
- Access to all assessment materials
- Access to all student feedback information
- Opportunities to meet with students and staff
- Active participation (can be in a chairing or non-chairing role) in a summative meeting and the opportunity to add items to the agenda of that meeting
- Agreement to the validity of the report of the SLR i.e. does it fairly reflect the process undergone, the evidence collected, and the conclusions to be drawn from that evidence. In exceptional cases where it is difficult to reach agreement, the external would be required to add a brief personal commentary on the basis of the disagreement. This note would be included in the final version of the Report.
- Writing a short note addressed to the Head of the institution offering a view on four matters: 1) the robustness of the review process; 2) in her/his experience, the international comparability of the quality of the student learning experience and 3) the standards of student achievement, and 4) the effectiveness of the management of research in the unit. The institution/department under review may also choose to offer the external the opportunity to comment in this note on other related matters. These may include, but are not limited to: the department's general strengths and areas for possible improvement; strategic and action planning in the department; utilization of resources; and research strategy. This note should be copied to the Quality Board.

Annex 6: Guidelines for Preparing Reflective Analyses

The production of a Reflective Analysis is one of the most important parts of the IWR process. Institutions have considerable freedom in how they present information that is relevant to the Review in the Reflective Analysis. However, the QEF Handbook clearly outlines some materials that must be present in any Reflective Analysis. Those include an analysis of the effectiveness of mechanisms for safeguarding standards of awards, the effectiveness of mechanisms for the enhancement of the student learning experience, and the effectiveness of the management of research.

A main guiding principle for preparing this document is that it should be reflective and analytical. To that end, it is helpful to include an account of what has been learned in the process of compiling the Reflective Analysis, and how the institution plans to effect improvements based on these findings. In reaching conclusions, it is important to reflect on the evidence available to support the conclusions, and the relative strength of the evidence available. In general, it is helpful to avoid anecdotal 'evidence' or commentaries supported only by vague generalizations.

Below is a list of suggested chapter headings and topics that could be covered in the respective chapters. This list is based on a reading of all Reflective Analyses submitted in the first cycle of QEF. The list is not intended to be a template, but is included as an aid to the drafting teams for Reflective Analyses.

Suggested Structure of Reflective Analysis:

1. Introduction. The function of this brief section is to orient the reader to the construction of the Reflective Analysis and the process of gathering evidence. This section should also include a guide to any reference material.

2. About the institution. This section should outline the mission and vision of the institution, its quality policy, and how the quality policy is linked to strategic management. This section is also intended to orientate the reader to the institution by providing a general introduction with key data, as well as information on its management and organizational structure. The drafting teams may also find it helpful to use this section to provide information on any major changes in organizational structure or policy headlines since the last review, and to highlight specific recent achievements.

3. Previous quality reviews and follow-up. In this section, information on follow-up to the previous IWR would be detailed, as well as the process of, and learning from, any other institutional reviews conducted in the interim. This section could also provide an overview of the strategic follow-up of SLRs at the institutional level. (These are likely to be referred to in the following sections also as important sources of evidence.)

4. Safeguarding standards of degrees awarded.

This part could, for example, be divided into two sections. The first section could detail Strategy and Policy, and include coverage on topics such as organisational structure for the management of standards; use of management information; assessment practices and processes; externals and other benchmarks; and human resource considerations (staff appointment, induction, development, appraisal, adjunct hiring, etc.). The second section could focus on the Monitoring of Standards, and cover areas such as design, approval, monitoring and review of courses and programmes; student admissions; language policy; and public information management.

5. The student learning experience. This section may provide coverage of some of the following topics: student recruitment, admissions, inductions, progression and graduation; student engagement with learning; student feedback and its use; preparation for employment and further study; staff development; use of IT in learning; learning resources; postgraduate student experience – taught and research; distance learning student experience; work-based learning; part-time student experience; contribution of student services; etc.

6. Research and innovation. This section might provide an overview of the effectiveness of the management of research across the institution, and it will probably draw much of its evidence from the SLRs and their evaluation of the management of research, and the implications of these for institutional research management.

7. Managing enhancement. This section is likely to be a summary of the institution's priorities for enhancement growing out of the evidence used in compiling the Reflective Analysis. It could include, for example, a SWOT analysis and may usefully provide an action plan or action priorities for the following period.

8. Concluding remarks.

Annexes.

Case Study. One annex should provide the Case Study. This may be included in the main document or provided as a separate document, whichever is more convenient. The case study should illustrate an internal QA/QE initiative, along with outcomes and lessons learned from that initiative.

Additional annexes can contain any information, visuals or summary data that do not fit well in the main narrative of the Reflective Analysis.

NOTE

The Reflective Analysis can helpfully be accompanied by any existing documentation relevant to the Analysis to save duplication of effort. This will include prospectuses, Quality Handbooks etc. It is helpful to give the IWR Review Team access to the intranet as this can often save repetition of data. In general, electronic versions of the Reflective Analysis should be available, which provide specific links to data on such central databases.

Annex 7: Research Evaluation Advisory Committee (*ad hoc advisory committee to the Quality Board*) Membership and remit

Membership

The members of the Research Evaluation Advisory Committee should reflect a broad discipline base, drawn from the following categories:

- Chair: A current member of the Quality Board, selected by and from the Board based on experience in research and management of research
- The Chair of the Science Committee of the Icelandic Science and Technology Policy Council, or his or her designee
- A nominee of the Rectors' Conference, selected based on experience in research and managing research
- A nominee of the Rectors' Conference, selected based on experience in managing research
- A postgraduate research student nominated through the Rectors' Conference
- A former QB member, selected based on experience in research and management of research
- A member selected by and from within the Quality Council
- The Quality Board Manager will function as Secretary to the Research Evaluation Advisory Committee
- The Chair of the Quality Board may attend meetings of the Research Evaluation Advisory Committee as an observer
- A representative of MESC may attend REAC meetings as an observer
- For a listing of current members of the Research Evaluation Advisory Committee, please visit the Quality Board's website at: <https://en.rannis.is/activities/quality-enhancement-framework/>
- At least two nominations will be requested from the various bodies to provide an overall balance of subject area, gender, etc.

Remit

The remit of the Research Evaluation Advisory Committee will include:

- Supporting and offering guidance on the application of the Core Model of evaluation of research management in the QEF, considering the outcomes produced, and advising the Board on the further development of the model
- Advising the Board on the development and piloting of the Extended Model of evaluation of research outputs in an international context
- Supporting the further development of the evaluation of research within the QEF, especially taking into consideration international developments in the evaluation of research quality
- Hosting conferences in collaboration with the Quality Council on the evaluation of research management, to the extent resources permit
- Considering how an Icelandic CRIS system and the common data set on key figures from the HEIs published by MESC will contribute to the management and evaluation of research
- Ensuring that evaluations of research management complement the Board's and the Council's focus on enhancing the student learning experience.

Language

The normal working language of the Research Evaluation Advisory Committee will be English.

Annex 8: Suggested Timeline for Preparing IWR Report

Below is a suggested timeline for preparing the IWR Report following a visit of the Review Team to the HEI. Board and Review team will do their best to keep to this schedule, but this must remain a suggested timeline.

Week 1: Agreement on Key Themes

At the conclusion of meetings on the last day of site visit, the Review Team agrees a full draft of 'key themes', the main points to be included in each section of the full report, and the timetable and individual responsibilities for the completion of the report.

Week 2: Headline Letter to Rector (End of week 2)

Chair of the Review Team writes the Headline Letter to the Rector on behalf of the Team, to provide the headline outcomes of the review together with the Team's provisional judgements.

Weeks 1-2: Drafting Work

Individual members of Review Team complete the work on their sections and send to Secretary.

Week 3: Compiling Draft Sections

Secretary compiles Draft 1 of full report and circulates to Team for comment.

Weeks 4-6: Draft Review

Team reviews Draft 1, in particular their own sections but also the entire Draft bearing in mind that the Team has collective responsibility for the whole report.

Weeks 7-8: Compiling Full Draft

Secretary, in consultation with the Chair and members as appropriate, prepares Draft 2 of the Report.

Week 9: Draft Report to Rector

Chair sends Draft 2 of the Report to the Rector. The institution will be invited to comment on the draft Report in relation to matters of factual inaccuracy, and/or misunderstandings arising from factual inaccuracy. Draft 2 Report is confidential and may have a limited circulation internally, but no distribution externally.

Week 11: Comments on Draft 2 Report sent to the Chair by the Rector through Secretary

Institution sends comments on draft Report.

Week 13: Draft 3 Report is prepared in the light of the Institution's comments

The Secretary, in consultation with the Chair, and members as appropriate, prepares Draft 3 Report in the light of comments from institutions.

End of Week 14: Draft 3 Report sign-off by Team

Draft 3 Report is finalised and signed off by the Review Team Chair for transmission to the Quality Board and copied to the Rector. At this stage the Draft 3 Report is still confidential.

Week 15, or next scheduled meeting of Board: Meeting of Board to consider and finalise Report

The Board will meet to consider the Draft 3 Report. The Rector of the institution concerned will be invited to join this meeting at one point. Following the departure of the Rector, the Board will discuss the Draft 3 Report and its judgements and agree a final version of the Report for publication.*

Week 16, or one week after the meeting of the Board: Copy of Final Report sent to Rector

A copy of the final version will be sent to the Rector and also be sent for information to MESC. While the institution may wish to prepare publicity material in relation to the Report, it is requested that nothing appears in the public domain until the Report is published.

Week 19, or three weeks after meeting of the Board: Publication of Final Report

Report will be published on the QEF website and a public announcement of publication made.

***Timeline of Appeals Process:** Where there is the potential for an appeal to be made the timetable will be suspended for 14 days at this stage. If an appeal is lodged, the timetable will follow the schedule for hearing an appeal. If no appeal is forthcoming, the publication will follow as indicated i.e. with publication in week 22. (See section on Complaints and Appeals)

Annex 9: Sample Visit Schedule for Board-led Institution- Wide Reviews.

Below is a sample schedule for a Review Team visit. It should be emphasized that the arrangement, designation of attendees and content of meetings is entirely a matter for Review Team and the HEI to jointly decide. It is very possible that variability will exist across institutions, and this is simply an illustration.

Additional visit days may be scheduled if Review Team and HEI agree upon the necessity of such an arrangement. It should also be noted there that the main difference between QEF1 and QEF2 in terms of these visits is the added emphasis on institutional follow-up of SLRs, including on management of research.

It may be that some of the topics may not be appropriate for all HEIs, and that additional topics may need to be added in some cases. For example, HEIs

may wish to schedule meetings with representatives of important internal units that are not represented herein, such as, Centres of Excellence in research or teaching, Graduate Schools/Administrative functions, or Centres for Distance Learning.

The very first meeting of the visit should be with the institution's rector alone. At the very end of the visit, the Team should meet with rector and senior staff. The last meeting of each day should be with institutional contact. The Team will always have a half-day at the end of the visit for individual members to prepare the outlines of their respective sections.

Within the schedule, some time should be allowed for the Team to periodically reflect and prepare for forthcoming meetings. It may also be appropriate to allow for parallel meetings with different groups, such as with students and with representatives of units that present SLRs to the Team.

Below is an overview of the visit that shows the three main parts of the visit: institution's showcase, meetings with university community and external stakeholders, and final Team meeting for drafting outlines of sections of the report.

Sample visit schedule overview

Part 1. Institution Showcase

| Event Type | Examples of Topics to be Covered | Suggested Timing/ Duration | Possible Participants |
|--|---|---|------------------------------|
| Institution showcase; at discretion of institution | Overview of institution, overview of academic units/schools, overview of various administrative and support units, institution finances, introduction to policy for quality assurance, campus tour. | At discretion of institution, normally 3 hours on 1st day | At discretion of institution |

Part 2. Other meetings

| Event Type | Examples of Topics to be Covered | Suggested Duration | Possible Participants |
|------------|---|--------------------|-----------------------|
| See below | See detailed sample visit schedule below. | 3-5 days | As appropriate |

Part 3. Final Team meeting

| Event Type | Topic to be Covered | Suggested Timing/ Duration | Possible Participants |
|--|---|-------------------------------|-----------------------|
| Team meeting for drafting sections of the Report | At end of meeting, all members will have drafted an outline of the sections of the report they are responsible for producing. | 4 hours on last day of visit | Review Team Only |

Detailed sample visit schedule

Meeting with Key HEI Staff (6 events)

| Event Type | Examples of Topics to be Covered | Suggested Timing/ Duration | Possible Participants |
|---|---|-------------------------------|---|
| Meeting with key leaders/ management | Overall governance and strategic management, key issues of evaluation from the institution's perspective, finances/budgetary issues, national role of institution, international and domestic collaboration with other HEIs, vertical and horizontal communication within institution, research/teaching considerations and balance. | 1 hour Day 1 Afternoon | Rector, Pro-Rector(s), Director of Finance and Operations. |
| Meeting with Self-Evaluation Team | Process of compiling Reflective Analysis, involvement of students and academic community, evidence base, issues that emerged, links to Subject-Level Reviews, usefulness of process, link to strategic management, mechanisms for follow-through of action plans. | 1 hour Day 1 Afternoon | Self-Evaluation Team. |
| Meeting with University Council | Role of Council, evidence base available to Council, role in ensuring standards of awards and quality, finance, strategy, delegation, planning, possible SWOTs, effectiveness of student involvement, governance and management issues, links with other management structures, emerging issues, national and international perspectives. | 1 hour Day 1 Afternoon | University Council (or equivalent). |
| Meeting with Deans of Schools, Heads of Faculties and Heads of Departments | Roles and responsibilities of the different positions, links with University Council, links with institutes, involvement in Subject-Level Reviews, roles in strategic planning, roles in quality management, research/teaching considerations and balance, staff support, student support services, management of adjunct staff, responses to student satisfaction surveys. | 1 hour | All Deans of Schools, some or all Heads of Faculties, and some or all Heads of Departments (as applicable). |
| Meeting with Administrative Heads and senior staff of support units/services | Evaluation of student support services, central and unit-based counselling, involvement in course monitoring and review, involvement in Subject-Level Reviews, resources, possible SWOTs, international, minority, disabled, and other populations warranting special consideration, IT, support for distance/blended education students, staff training, mentoring schemes, international partnerships, public information management. | 1 hour | Administrative Heads and senior staff of support units/ services, as appropriate. |
| Meeting with senior management on QA, members of quality assurance/enhancement committees, and curriculum committee | Safeguarding of standards, implementation of student-centered learning, management of teaching enhancement initiatives, challenges and opportunities related to curriculum, design and approval of programmes, monitoring and review of programmes. | 1 hour | Senior management, members of quality assurance/enhancement committees, and curriculum committees (or equivalent, as applicable). |

SLR Follow-up (6 events)

| Event Type | Examples of Topics to be Covered | Suggested Timing/ Duration | Possible Participants |
|--|---|-------------------------------|---|
| Discussion of SLR 1 (possibly two 60-min. meetings with IWR team divided between meetings) | Effectiveness of guidelines on SLR, use of evidence, role of staff, students and externals, extent of follow-up planned or undertaken, responsibility for follow-up, resourcing of follow-up, sharing of good practice, links to University Council, role in faculty/school/HEI strategic planning, new/diverse teaching methods, student satisfaction survey results and follow-up action, follow-up on general staff issues. Research management. | 1 hour Day 2 | Chairs, SLR drafting team, students and others, as appropriate. |
| Discussion of SLR 2 (possibly two 60-min. meetings with IWR team divided between meetings) | Same as above | 1 hour Day 2 | Chairs, SLR drafting team, students and others, as appropriate. |
| Discussion of SLR 3 (possibly two 60-min. meetings with IWR team divided between meetings) | Same as above | 1 hour Day 2 | Chairs, SLR drafting team, students and others, as appropriate. |

Meetings with current and past students (3 events)

| Event Type | Examples of Topics to be Covered | Suggested Timing/ Duration | Possible Participants |
|--|---|-------------------------------|--|
| Meeting with student group 1 | Students' views on their learning experience, students' input in quality control and strategic decision making, students' views on effectiveness of student-centered learning at institution, and their participation in development of student-centered learning, research. | 1 hour | Post-graduates, with representation of distance/blended students (as appropriate). |
| Meeting with student groups 2 and 3: two meetings running at same time | Students' views on their learning experience, students' input in quality control and strategic decision making, students' views on effectiveness of student-centered learning at institution, and their participation in development of student-centered learning. | 1 hour | Undergraduates, with representation of distance/blended students (as appropriate). |
| Meeting with student group 4 | Students' views on their learning experience, students' input in quality control and strategic decision making, students' views on effectiveness of student-centered learning at institution, and their participation in development of student-centered learning. | 1 hour | Student population(s) that warrants special consideration, as agreed upon by HEI and IWR Team. |
| Meeting with elected student leaders and representatives | Level of student engagement and inclusion in quality assurance and enhancement, effectiveness of processes for complaints and appeals, responses to student feedback, views on IT and library services, student involvement in: preparation of Reflective Analysis, curriculum planning, monitoring and review. | 1 hour | Elected student leaders and representatives. |
| Open meeting with students | Topics raised by students. Open to all students. | 1 hour | Open to all students. |

QEF Handbook

Institutional Mechanisms for Research Management (1 event)

| Event Type | Examples of Topics to be Covered | Suggested Timing/ Duration | Possible Participants |
|---|--|----------------------------|--|
| Meeting with Research Director, Directors of research centres, senior staff of research office/ office of sponsored programs, contract liaisons | Research policy, research evaluation, research metrics, benchmarks, research impact - broadly defined, grant-getting activities, national and international collaboration, contracted research or research-oriented consultation/policy/ programme evaluation services delivered by HEI. | 1 hour | Research Director, Directors of research centres, senior staff of research office/ office of sponsored programs, contract liaisons. (as applicable). |

Meetings with Academic Staff (2 events)

| Event Type | Examples of Topics to be Covered | Suggested Timing/ Duration | Possible Participants |
|--|--|----------------------------|--|
| Meeting with academic staff with long experience within HEI | Involvement in strategic and operational management, views on student-centered learning at HEI, staff development, student retention, views on Subject-Level Reviews and preparations for IWR, views on adjunct staff, IT and library, responding to student feedback, research support, teaching and research balance, arrangements for practica, responding to student feedback, value of teaching portfolios. | 1 hour | Academic staff with long experience within HEI. |
| Meeting with academic staff appointed relatively recently and adjuncts | Effectiveness of staff orientation, involvement in strategic and operational management, views on student-centered learning at HEI, staff development, student retention, views on Subject-Level Reviews and preparations for IWR, views on adjunct staff, IT and library, responding to student feedback, research support for new staff, teaching and research balance, arrangements for practica, responding to student feedback, value of teaching portfolios. | 1 hour | Academic staff appointed relatively recently and adjuncts. |

Open Meeting (1 event)

| Event Type | Examples of Topics to be Covered | Suggested Timing/ Duration | Possible Participants |
|---|---|----------------------------|---|
| Open meeting for any member of university community | Any topic relevant to quality of student learning experience, standards of degrees and awards, or management of research within the institution | 1 hour | Open to any member of university community. |

Meetings with externals (2 events)

| Event Type | Examples of Topics to be Covered | Suggested Timing/ Duration | Possible Participants |
|--|--|----------------------------|--|
| Meeting with external representatives and stakeholders | Relations with external partners in private and public sector, HEI's societal role(s). | 1 hour | External representatives and stakeholders. |
| Meeting with Alumni | Relation to HEI after graduation, relevance of education in job market, relevance of education in current job. | 1 hour | Alumni selected by HEI. |

Responsibilities for producing Report

Responsibilities for arranging the visit, managing the visit, and producing a report would be shared by Chair and Secretariat, and would include:

- Coordinate electronic discussion with the team on issues arising from the institution's Reflective Analysis (RA) prior to the briefing meeting (CHAIR);
- Make contact on behalf of the team with the Institutional contact and, as appropriate, clarify matters on behalf of the team in relation to the RA (SECRETARIAT);
- Request any additional material thought as essential for an effective review (CHAIR, THROUGH SECRETARIAT);
- Draft an agenda of issues for discussion at the briefing meeting (CHAIR);
- Chair that section of the briefing meeting focused directly on the particular review (CHAIR);
- Draft a schedule of meetings for the visit and a list of any additional information to be made available to the team during the visit (SECRETARIAT IN COOPERATION WITH CHAIR);
- Liaise with the institutional contact on the draft programme for the visit (SECRETARIAT);
- Agree with the team the schedule of chairing of meetings and responsibilities for provision of notes for sections of the report (CHAIR);
- Liaise with the institutional contact throughout the visit as first point of contact on logistical issues (SECRETARIAT);
- Provide oversight of and co-ordinate all meetings (CHAIR);
- Maintain open communications with institutional contact regarding progress of review (CHAIR);
- Maintain good communications and cordial relationships within the team and with the institution (CHAIR AND SECRETARIAT);
- Manage visit secretarial functions and arrange for the recording of minutes by QEF staff (SECRETARIAT);
- Convene Team discussions to ensure that bullet points are collected in all meetings (CHAIR);
- Prepare for following meetings in light of bullet points collected in prior meetings (CHAIR);
- Sustain the morale and corporate entity of Team (CHAIR);
- Following the conclusion of the meetings, agree with the Team a full draft of the Headline Letter, the main points to be included in each section of the full report, and the timetable and individual responsibilities for the completion of the report (CHAIR);
- Ensure that the Team completes the work of the report to the agreed schedule and to professional standards (CHAIR, WITH ASSISTANCE OF SECRETARIAT);
- Sign off the full draft report with the agreement of the team (CHAIR);
- Lead and coordinate the response of the Team to the institution's response to the draft report; (CHAIR, WITH ASSISTANCE OF SECRETARIAT);
- Sign off the final report for transmission to the Board on behalf of the Team (CHAIR);
- Serve as first point of contact for follow-up of IWR (SECRETARIAT).

At the end of a briefing meeting, before the visit, it is agreed which Team member has responsibility for each section of the report. That person is then responsible for sufficient questions being asked, data provided, etc. to cover this section of the report. Then that person is responsible for leading discussion about that issue before writing headline letter, and is responsible for the outline of this section of the report before leaving the site. Chair then has this information as well. Team members complete the draft based on the outline after the visit, and their input is combined in the IWR.

The figure below illustrates the roles of Chair and Secretariat during the visit.

Duties of Chair and Secretariat during IWR visit

| | Chair of IWR Team | Secretariat |
|---|--|--|
| Before Review Team Visit | Coordinate electronic discussion with the Team | Liaise with institutional contact on agenda, etc. |
| | Draft preliminary agenda for briefing meeting | Request additional materials to be available prior to visit |
| | Chair section of briefing meeting on review itself | Draft a schedule of meetings for the visit |
| | Agree with Team the schedule of chairing meetings | Draft list of additional information needed during visit |
| | Agree with Team the responsibilities for provision of notes for sections of the report | |
| During Review Team Visit | Oversee and coordinate all meetings | Serve as first point of contact on logistical issues |
| | Maintain good communications and cordial relationships within the team and with institution | |
| | Keep open communication with insitutional contact regarding progress of review | Manage visit secretarial functions |
| | Sustain the morale and corporate identity of Team | Arrange for recording of minutes by QEF staff |
| | Convene Team discussion to ensure bullet points are collected | Keep note of key points from each discussion and confirm with Team |
| Prepare for following meetings in light of bullet points | | |
| After Review Team Visit | Agree with the Team a full draft of 'key themes' letter | Liaise with institutional contact on agenda, etc. |
| | Agree on timetable and individual responsibilities for completion of report | |
| | Ensure and facilitate Team's completion of report to agreed schedule and to professional standards | |
| | Sign off the full draft report with the agreement of Team | |
| | Lead and coordinate the response of the Team to the institution's response to draft report | |
| Sign off final report for transmission to the Quality Board on behalf of the Team | Serve as first point of contact for follow-up of report | |

Annex 10: Sample Table of Contents for Institution- Wide Review Report

1 Introduction: The review in context

- 1.1 Overview of review process
- 1.2 About institution
- 1.3 Funding/resourcing
- 1.4 Staff
- 1.5 Students
- 1.6 Key committee and managerial structures
- 1.7 The Reflective Analysis
- 1.8 Summary evaluation

2. Learning from prior reviews

- 2.1 Learning from previous IWR
- 2.2 Learning from SLRs
- 2.3 Learning from other reviews

3 Managing Standards

- 3.1 Institutional approach to the management of standards
- 3.2 Relevance of Case Study to managing standards (if appropriate)
- 3.3 Admissions criteria
- 3.4 External reference points and benchmarks
- 3.5 Resources for safeguarding standards
- 3.6 Design, approval, monitoring and review of programmes
- 3.7 Assessment policies and regulations
- 3.8 Consistency in grading and assigning ECTS
- 3.9 Collaborative provision
- 3.10 Staff induction, appraisal and development
- 3.11 Using SLRs to safeguard standards
- 3.12 Summary evaluation of security of standards

4 Student Learning Experience

- 4.1 Overview: Institution's management of standards of student learning experience
- 4.2 Relevance of Case Study to enhancing student learning experience (if appropriate)
- 4.3 Resources for enhancing student learning experience
- 4.4 Student recruitment and induction
- 4.5 The student voice and engagement of students in QA
- 4.6 Student support services
- 4.7 Student-centered learning, teaching and assessment
- 4.8 Use of sessional/adjunct teachers
- 4.9 The language experience
- 4.10 Internationalisation
- 4.11 Links between research and teaching
- 4.12 Postgraduate programmes

- 4.13 Collaborative Provision
- 4.14 Serving needs of different student populations
- 4.15 Management of information
- 4.16 Public information
- 4.17 Using SLRs to enhance student learning experience
- 4.18 Summary evaluation of the student learning experience

5 Management of Research

- 5.1 Research policy and strategy
- 5.2 Relevance of Case Study to managing research on an institutional level (if appropriate)
- 5.3 Monitoring of scientific quality of outputs
- 5.4 External support
- 5.5 Impact of the unit
- 5.6 Institutional enhancement of research management
- 5.7 Benchmarks
- 5.8 Collaboration
- 5.9 Teaching-research balance
- 5.10 Support for grant-getting activities and grant management
- 5.11 Using SLRs to manage research on an institutional level
- 5.12 General comments on the management of research

6 Managing Enhancement

- 6.1 General enhancement context
- 6.2 Strategic planning and action planning
- 6.3 Committee structure
- 6.4 Evidence base
- 6.5 Benchmarks
- 6.6 Internal sharing of best practice
- 6.7 Drawing on international experience
- 6.8 Domestic co-operation
- 6.9 Evaluation
- 6.10 Summary evaluation of managing enhancement

7 Conclusion

- 7.1 General summary, including overview of management of research
- 7.2 Summary of strengths
- 7.3 Summary of areas for improvement
- 7.4 Judgment on managing standards of degrees
- 7.5 Judgment on managing standards of student learning experience

Please note that the above is intended only as an indicative outline of a possible structure and topics for a Reflective Analysis. It is by no means definitive or exhaustive, and institutions should adopt the structure that allows them to most effectively provide an analysis of their management of quality and standards.

Annex 11: Frame of reference for IWR Review Teams in forming judgements

Introduction to Annex

The purpose of this annex, prepared largely by the Quality Council in consultation with the Quality Board, is to assist institutions in managing effectively their own policies, processes and structures for the assurance and enhancement of the quality of their students' experience and the standards of their awards. This annex was prepared based on readings of IWRs and SLRs from the first cycle of the Quality Enhancement Framework.

These are guidelines (as opposed to rules) and the expectation is that they will be adapted as appropriate by each institution according to its context and mission. External review teams involved in conducting IWRs in Iceland will also find this annex to be a useful guide in planning and conducting their reviews. However, it is important to emphasise that this annex will not be used in any sense as a checklist for these reviews.

The annex is based firmly on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015), which are quoted extensively. The annex also meets the specifications of the International network of Quality Assurance Agencies in Higher Education (INQAAHE Guidelines of Good Practice 2016).

There are four main elements in each section below as follows:

1. Standard. The ESG standard is stated.
2. Guidelines. The ESG Guidelines against each standard are quoted
3. Providing an Icelandic commentary for applying each standard. This is a commentary provided by the Icelandic Quality Council for Higher Education and is designed to contextualise each standard for the Icelandic institutions.

4. Frame of Reference for each standard. This section is also provided by the Icelandic Quality Council for Higher Education in order to clarify and exemplify specific aspects of the standard and guidelines for the Icelandic institutions. Each bulleted item in the frame of reference is accompanied by a superscript of "ST", "LE", or "ST&LE". These indicate which aspects of the Frame of Reference correspond to the different judgments in QEF: "standards of degrees and awards (ST)," "quality of student learning experience (LE)," or both (ST&LE). Further information on the judgments can be found in **Paragraphs 94-97**.

The External Review Team conducting an IWR will review all evidence in relation to this Frame of Reference, seek to identify relative strengths and weaknesses over the course of the visit and consider each in turn, their strength and impact. Then the Team will consider the weight and impact of each of these items together, and position overall to arrive at a judgment. Institutions will see this reflected in their reports.

Through these processes, the team will arrive at an overall judgment. Below is a list of possible judgments:

1. Confidence in the quality of student learning experience and/or standards of degrees and awards.
2. Limited confidence in the quality of student learning experience and/or standards of degrees and awards.
3. No confidence in the quality of student learning experience and/or standards of degrees and awards.

ESG Standard 1.1: Policy for Quality Assurance**-Standard**

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

-Guidelines

Policies and processes are the main pillars of a coherent institutional quality assurance system that forms a cycle for continuous improvement and contributes to the accountability of the institution. It supports the development of quality culture in which all internal stakeholders assume responsibility for quality and engage in quality assurance at all levels of the institution. In order to facilitate this, the policy has a formal status and is publicly available.

Quality assurance policies are most effective when they reflect the relationship between research and learning & teaching and take account of both the national context in which the institution operates, the institutional context and its strategic approach. Such a policy supports :

- the organisation of the quality assurance system;
- departments, schools, faculties and other organisational units as well as those of institutional leadership, individual staff members and students to take on their responsibilities in quality assurance;
- academic integrity and freedom and is vigilant against academic fraud;
- guarding against intolerance of any kind or discrimination against the students or staff;
- the involvement of external stakeholders in quality assurance.

The policy translates into practice through a variety of internal quality assurance processes that allow participation across the institution. How the policy is implemented, monitored and revised is the institution's decision.

The quality assurance policy also covers any elements of an institution's activities that are subcontracted to or carried out by other parties

-Providing an Icelandic commentary for applying Standard 1.1

It is not the remit of the Quality Board or Review Teams to evaluate the stated priorities or general directions of travel specified in quality policies, as diversity in goals and missions across institutions is to be welcomed. A quality assurance policy is, for example, in line with the institution's overall strategy and specifies how QA processes are part of the institution's strategic management. The quality policy is also, for example, anchored in management structures with clearly demarcated responsibilities and remits for different institutional bodies; it is built on a commitment to evidence-based enhancement with strategically defined performance indicators that inform progress towards benchmarked goals/outcomes.

Frame of reference for Standard 1.1

- Quality policy supports the identification of priorities on the basis of evidence and the strategic goals of the institution. The institution has mechanisms in place to evaluate to what degree it is living up to its stated aspirations and values (for example: in terms of research, innovation, outreach, comparative and absolute standards of awards, collaboration with near environment stakeholders). These mechanisms are evidence-based (quantitative, qualitative) and generally inform effective operational management as well as major strategic decision-making.ST
- Plans for prioritised activities at institutional level have identified milestones, target dates, accountabilities, performance indicators and resources, and other features, as appropriate.ST
- The system specified in the quality policy works throughout the institution's organisational levels and units.ST
- Student representatives have access to training that fosters participation in educational enhancement and QA at both programme and institutional levels.^{LE}
- Policy for assuring quality and standards relates to the institutional framework for teaching and learning, including learning outcomes.^{LE}
- Effectiveness of student engagement is monitored at least annually and formally reviewed periodically, for example, every 3-4 years.^{LE}
- Quality policy specifies the engagement of students in QA of teaching and learning (for example: consultants, observers, participants, co-creators). There is sharing of information and formal engagement of students in QA at institutional level. As appropriate, institutions offer part-time and work-based distance learning, mature, international and off-campus students, as well as students with disabilities, roles in QA.^{LE}
- Quality policy supports academic integrity and helps to avoid discrimination of students and staff on grounds of physical or mental health status, gender, sexual orientation, skin colour, nationality, religion, residence or financial situation.^{LE}

ESG Standard 1.2: Design and Approval of Programmes**-Standard**

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

-Guidelines

Study programmes are at the core of the HEIs' teaching mission. They provide students with both academic knowledge and skills including those that are transferable, which may influence their personal development and may be applied in their future careers.

Programmes

- are designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes;
- are designed by involving students and other stakeholders in the work;
- benefit from external expertise and reference points;
- reflect the four purposes of higher education of the Council of Europe (cf. Scope and Concepts);
- are designed so that they enable smooth student progression;
- define the expected student workload, e.g. in ECTS;
- include well-structured placement opportunities where appropriate;
- are subject to a formal institutional approval process.

Providing an Icelandic commentary for applying Standard 1.2

Institutions ideally develop and follow processes for the design and approval of programmes and of their curriculum, as well as approaches to teaching, learning and assessment that are appropriate and provide a good fit with institutional strategy, mission and vision. These processes also encompass the design and approval of programmes with collaborative provision, and ensure clear specification of responsibilities of the parties involved.

Frame of reference for Standard 1.2

- Design and approval processes involve external stakeholders in some significant capacity.ST
- Design and approval processes lead to clearly specified qualifications which refer to the correct level of the National Qualifications Framework of Iceland (including for joint degrees) together with indication of notional student workload and ECTS credits.ST
- Design and approval processes include consideration of student practical placements where appropriate.ST
- Design and approval processes explicitly involve students.^{LE}
- Design and approval processes require specification of intended learning outcomes to be achieved by students, the approach to learning that will be followed to support their achievement, and the assessment approaches that will be used to support and reliably testify their achievement.^{LE}
- All new programmes are subject to a formal institutional approval processes.^{ST&LE}

ESG Standard 1.3: Student-Centered Learning, Teaching and Assessment

-Standard

Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

-Guidelines

Student-centred learning and teaching plays an important role in stimulating students' motivation, self-reflection and engagement in the learning process. This means careful consideration of the design and delivery of study programmes and the assessment of outcomes.

The implementation of student-centred learning and teaching

- respects and attends to the diversity of students and their needs, enabling flexible learning paths;
- considers and uses different modes of delivery, where appropriate;
- flexibly uses a variety of pedagogical methods;
- regularly evaluates and adjusts the modes of delivery and pedagogical methods;
- encourages a sense of autonomy in the learner, while ensuring adequate guidance and support from the teacher;
- promotes mutual respect within the learner-teacher relationship;
- has appropriate procedures for dealing with students' complaints.

Considering the importance of assessment for the students' progression and their future careers, quality assurance processes for assessment take into account the following:

- Assessors are familiar with existing testing and examination methods and receive support in developing their own skills in this field;
- The criteria for and method of assessment as well as criteria for marking are published in advance;
- The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved. Students are given feedback, which, if necessary, is linked to advice on the learning process;
- Where possible, assessment is carried out by more than one examiner;
- The regulations for assessment take into account mitigating circumstances;
- Assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures;
- A formal procedure for student appeals is in place.

-Providing an Icelandic commentary for applying Standard 1.3

As part of this Standard, institutions are encouraged to adopt a learning outcomes approach. Adoption of a learning outcomes approach entails that institutions have policies and procedures for determining that academic units: 1) define learning outcomes at course and programme level that are fit for purpose; 2) ensure a good fit between programme learning outcomes and learning outcomes of individual courses; 3) ensure a good fit between learning outcomes and approaches to teaching and learning, 4) ensure that methods of assessment are appropriate in the light of intended learning outcomes; and 5) result in the continuous improvement of teaching and learning methods/strategies.

This standard also applies to institutions' active engagement of students as decision-makers and co-creators in teaching, learning and assessment, as well as engaging students in the development and implementation of quality processes around these activities.

Finally, this standard is intended to ensure equality of opportunity in learning for all students and take into account the needs of a diverse student population in terms of physical or mental health status, gender, sexual orientation, skin colour, nationality, religion, residence or financial situation.

The Frame of Reference for this standard overlaps in many ways with the Frame of Reference for Standard 1.9, both in terms of its focus on student engagement and on learning outcomes.

Frame of reference for Standard 1.3

- Institution provides some formal training and support for students to take part in learning and teaching quality management.ST
- Learning outcomes are defined for all programmes.ST
- Criteria for and methods of assessment are published in advance.ST
- The learning outcomes approach is sensitive to diversity of the student body in terms of physical or mental health status, gender, sexual orientation, skin colour, nationality, religion, residence or financial situation.ST
- Institution provides internal development and dissemination of best practice in teaching, learning and assessment.ST
- Institution provides guidelines for incorporating learning outcomes for transferable skills into curriculum.ST
- Marking is transparent, while double-marking and/or externality is used as appropriate and resources allow.ST
- Institution has a policy that addresses the incorporation of innovative methods of teaching and learning into curriculum (including those

which encourage active and interactive engagement of students in their learning), and monitors follow-up.^{LE}

- Institution uses some of the following methods to gauge the extent of co-creation of learning experiences with students: questionnaires, interviews, surveys, focus groups, opinion polls and/or discussion groups.^{LE}
- Institution has clear, fair and accessible policies and procedures on complaints and appeals that are applied consistently across institution.^{LE}
- Institution allows for flexible/individualised learning paths, as resources permit.^{LE}

ESG Standard 1.4: Student Admission, Progression, Recognition and Certification -Standard

Institutions should consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.

-Guidelines

Providing conditions and support that are necessary for students to make progress in their academic career is in the best interest of the individual students, programmes, institutions and systems. It is vital to have fit-for-purpose admission, recognition and completion procedures, particularly when students are mobile within and across higher education systems.

It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner. Induction to the institution and the programme is provided.

Institutions need to put in place both processes and tools to collect, monitor and act on information on student progression.

Fair recognition of higher education qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning, are essential components for ensuring the students' progress in their studies, while promoting mobility. Appropriate recognition procedures rely on

- institutional practice for recognition being in line with the principles of the Lisbon Recognition Convention;
- cooperation with other institutions, quality assurance agencies and the national ENIC/NARIC centre with a view to ensuring coherent recognition across the country.

Graduation represents the culmination of the students' period of study. Students need to receive documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

-Providing an Icelandic commentary for applying Standard 1.4

Institutions ideally create and implement policies and procedures for the activities pertaining to this standard that are fit for purpose within Iceland while also allowing for the mobility of students within the European Higher Education Area (and also elsewhere internationally). In this context it is recognised that institutions will adhere to all recognition agreements to which Iceland is a signatory.

Frame of reference for Standard 1.4

- Institution has explicit admissions policies and criteria including mechanisms for recognition of non-formal and informal prior learning, and monitors adherence to these policies and criteria.ST
- On graduation, institution provides students with documentation explaining the qualifications gained, including learning outcomes achieved.ST
- Institution conducts periodic reviews of the reliability and validity of admissions policies and practice including any entrance examinations it may use.ST
- All students are provided with institutional orientation/induction. Institution has a policy for unit- and/or programme-specific orientation/induction, and there is evidence of follow-up.^{LE}
- Institution has effective methods for monitoring student progression in all three award cycles, and ideally data are collected for on-campus, distance, and blended student populations separately.^{LE}
- The institution has policies for identifying students in special circumstances and for developing and supporting equal opportunities for them (e.g., students from specific social backgrounds, students with disabilities).^{LE}
- Policies for student admission, progression, recognition and certification are fair, accessible, transparent and fit for purpose. Policies for admission, recognition and certification are consistently applied.^{ST&LE}

ESG Standard 1.5: Teaching Staff

-Standard:

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

-Guidelines:

The teacher's role is essential in creating a high quality student experience and enabling the acquisition of knowledge, competences and skills. The diversifying student population and stronger focus on learning outcomes require student-centred learning and teaching and the role of the teacher is, therefore, also changing (cf. Standard 1.3).

HEIs have primary responsibility for the quality of their staff and for providing them with a supportive environment that allows them to carry out their work effectively.

Such an environment

- sets up and follows clear, transparent and fair processes for staff recruitment and conditions of employment that recognise the importance of teaching;
- offers opportunities for and promotes the professional development of teaching staff;
- encourages scholarly activity to strengthen the link between education and research;
- encourages innovation in teaching methods and the use of new technologies.

-Providing an Icelandic commentary for applying Standard 1.5

The two main themes of this standard centre on: 1) recruitment and hiring strategies; and 2) ongoing assurance of staff development and competence.

There are many ways in which institutions are able to meet this standard. Any evaluation of an institution's mechanisms for ensuring highly competent staff must therefore take account of how these mechanisms align with the institution's strategy, mission and vision.

Frame of reference for Standard 1.5

- Policies for staff appointment and promotion are based on best practice, and are in line with the institution's strategic management and Icelandic employment law, and are applied universally.ST
- Institutional staffing policy and practice take profiles of staff into account in terms of age, physical or mental health status, gender, sexual orientation, skin colour, nationality, religion, residence or financial situation.ST
- Institutional staffing policies give consideration to acceptable staffing levels, especially in relation to academic & professional qualifications and number of full-time staff vs. part-time/sessional staff.ST
- Institutional policy and practice includes effective formal evaluation of staff in terms of teaching competencies.^{LE}
- On-going training in pedagogy and other teaching-related issues is made available to staff on a regular basis.^{LE}
- There is recognition of excellent teaching.^{LE}
- Staff induction processes are systematically followed for all full-time and part-time/sessional staff, as appropriate.^{ST&LE}
- Institution has a staff development policy, and there is evidence of adherence and follow-up. ^{ST&LE}

ESG Standard 1.6: Learning Resources and Student Support

-Standard

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

-Guidelines

For a good higher education experience, institutions provide a range of resources to assist student learning. These vary from physical resources such as libraries, study facilities and IT infrastructure to human support in the form of tutors, counsellors and other advisers. The role of support services is of particular importance in facilitating the mobility of students within and across higher education systems.

The needs of a diverse student population (such as mature, part-time, employed and international students as well as students with disabilities), and the shift towards student-centred learning and flexible modes of learning and teaching, are taken into account when allocating, planning and providing the learning resources and student support.

Support activities and facilities may be organised in a variety of ways depending on the institutional context. However, the internal quality assurance ensures that all resources are fit for purpose, accessible, and that students are informed about the services available to them.

In delivering support services the role of support and administrative staff is crucial and therefore they need to be qualified and have opportunities to develop their competences.

-Providing an Icelandic commentary for applying Standard 1.6

Institutions provide a range of services and resources to students, and the provision of those should be in line with the institution's mission and vision. They should be accessible to all students who potentially require them, at appropriate locations and levels.

Frame of reference for Standard 1.6

- Institution has policies for IT and library services, and those are implemented across institution.ST
- Institution has policies for both central and unit-level advising/counselling as appropriate, and those are implemented across institution.ST
- Administrative and support staff are provided with opportunities for professional development.ST
- Students are provided with services to prepare for entry to both employment and further study.^{LE}
- Institution has mechanisms for assessing if the allocation of resources for learning and student support are fit for purpose, especially in terms of meeting institutional goals for student-centred teaching and learning.^{ST&LE}

ESG Standard 1.7: Information Management

-Standard

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

-Guidelines

Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system.

The information gathered depends, to some extent, on the type and mission of the institution. The following are of interest:

- Key performance indicators;
- Profile of the student population;
- Student progression, success and drop-out rates;
- Students' satisfaction with their programmes;
- Learning resources and student support available;
- Career paths of graduates.

Various methods of collecting information may be used. It is important that students and staff are involved in providing and analysing information and planning follow-up activities.

-Providing an Icelandic Commentary for applying Standard 1.7

It is incumbent on institutions to ensure key data are regularly circulated to the university community and relevant external stakeholders, and that data are used as part of an evidence base in the strategic management of the institution. The Frame of Reference (below) for this standard is not meant to be an exhaustive or definitive list of data, as it is always the institution's remit to define key performance indicators and use them to serve the institution's mission.

It is important to note that the term "formal data" in this context can include both quantitative and qualitative data, and may include methods such as surveys, focus groups, world cafés, SWOT, analyses, mining of data bases, etc. It does not, however, include informal or anecdotal observations gathered occasionally or incidentally.

Frame of reference for Standard 1.7

- Institutions collect reliable data on their key performance indicators related to standards and awards, which may include: admission standards, assessment of learning outcomes, assessment methods, match of assessment to learning outcomes, grade structures, benchmarking of degrees, development of employability/transferable skills, graduate feedback, employer satisfaction, staff qualifications, and staffing complement.ST

- Institutions collect data on their key performance indicators related to student learning experience, which may include: recruitment, enrolment, induction/orientation, retention, progression, graduation, employment, student satisfaction, social dimension and general study body makeup, student use of a broad range of support services, faculty/student ratio, and grievances/appeals.^{LE}
- Students are actively engaged in planning data collection on learning experience, as well as institutional responses to those data.^{LE}
- Institutions collect data on experiences of all categories of students including minority groups, international and non-traditional students as well as students learning in different contexts (distance, work-based, part-time etc).^{LE}
- Plans and accountabilities exist for collection, review, and dissemination of key data.^{ST&LE}
- Most institutional bodies and other internal stakeholders generally receive and review relevant data in the normal course of institutional operations.^{ST&LE}
- Decisions at all levels (programme, faculty, institution etc) are appropriately informed by data.^{ST&LE}
- Institutions utilize appropriate national and international benchmarking indicators.^{ST&LE}

ESG Standard 1.8: Public Information

-Standard

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

-Guidelines

Information on institutions' activities is useful for prospective and current students as well as for graduates, other stakeholders and the public. Therefore, institutions provide information about their activities, including the programmes they offer and the selection criteria for them, the intended learning outcomes of these programmes, the qualifications they award, the teaching, learning and assessment procedures used, the pass rates and the learning opportunities available to their students as well as graduate employment information.

-Providing an Icelandic commentary for applying Standard 1.8

Institutions are encouraged to identify and share data and other important information of institutional relevance with the public and other stakeholders as appropriate. Institutions should ensure that this information is up to date and easily accessible.

Frame of reference for Standard 1.8

- Public information is provided on qualifications awarded for all programmes and on qualifications granted.ST
- Employment data for graduates are publicly available.^{LE}

- Data on profile of student population are publicly available.^{LE}
- Public information is available by programme on teaching, learning and assessment procedures.^{LE}
- Public information is provided for programmes on intended learning outcomes.^{LE}
- Institution has a policy for public dissemination of data and other important information.^{ST&LE}
- Institution monitors the use made of its publicly posted information, such as website visits, and its effectiveness.^{ST&LE}

ESG Standard 1.9: On-going Monitoring and Periodic Review of Programmes

-Standard

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

-Guidelines

Regular monitoring, review and revision of study programmes aim to ensure that the provision remains appropriate and to create a supportive and effective learning environment for students.

They include the evaluation of:

- The content of the programme in the light of the latest research in the given discipline thus ensuring that the programme is up to date;
- The changing needs of society;
- The students' workload, progression and completion;
- The effectiveness of procedures for assessment of students;
- The student expectations, needs and satisfaction in relation to the programme;
- The learning environment and support services and their fitness for purpose for the programme.

Programmes are reviewed and revised regularly involving students and other stakeholders. The information collected is analysed and the programme is adapted to ensure that it is up-to-date. Revised programme specifications are published.

-Providing an Icelandic commentary for applying Standard 1.9

Safeguards for ensuring academic standards of programs should not exist solely within schools or departments, but should be complemented with routine and systemic safeguards at the institutional level.

Institutions should ensure that study programmes are monitored in the normal course of operation to a sufficient degree. These monitoring activities should aim to, for example, assure the programme's ongoing fitness for purpose; the quality of its management,

teaching and learning, and assessments; and the quality of the student learning experience. Institutions should also ensure that formal programme reviews occur on a sufficiently regular basis, ideally not to exceed every 5 years.

Frame of reference for Standard 1.9

- External stakeholders (for example, employers and/or other partners) are involved in programme review.ST
- Mechanisms for monitoring and review include procedures for collaborative provision.ST
- Institution has clear procedures for institutional-level follow-up of SLRs, and there is evidence of such follow-up.ST
- Students are involved in programme monitoring and review.^{LE}
- Strategically collected data inform programme monitoring and review. The experience of all students is monitored and reviewed, including distance, part-time and postgraduate students.^{LE}
- Fitness of purpose of programmatic support, unit-level advising and centrally-based support is formally assessed in programme review.^{LE}
- Policies and procedures for programme monitoring and review at subject-level and institutional level provide safeguards to ensure that: 1) learning outcomes at course and programme level are well defined and fit for purpose; 2) a good fit exists between programme learning outcomes and learning outcomes of individual courses; 3) methods of teaching are appropriate in the light of intended learning outcomes 4) methods of assessment are appropriate in the light of intended learning outcomes; 5) variety and number of courses on offer is sufficient for a given cycle; and 6) student workload is appropriate. There is evidence that policies and procedures are followed across units.^{ST&LE}
- Policies for monitoring and periodic review are designed to ensure programmes are up-to-date and benchmarked, and there is evidence of these policies being followed.^{ST&LE}
- Support or reference materials for monitoring and review of programmes are available centrally or locally to unit heads or committees charged with these duties.^{ST&LE}
- Action reports derived from programme monitoring and review are compiled, prioritised and disseminated at institution's management level in some form.^{ST&LE}
- In general, institutional follow-up occurs for high-priority action reports identified during monitoring and review, and follow-up activities are communicated to stakeholders as appropriate.^{ST&LE}

ESG Standard 1.10: Cyclical External Quality Assurance

-Standard

Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

-Guidelines

External quality assurance in its various forms can verify the effectiveness of institutions' internal quality assurance, act as a catalyst for improvement and offer the institution new perspectives. It will also provide information to assure the institution and the public of the quality of the institution's activities

Institutions participate in cyclical external quality assurance that takes account, where relevant, of the requirements of the legislative framework in which they operate. Therefore, depending on the framework, this external quality assurance may take different forms and focus at different organisational levels (such as programme, faculty or institution).

Quality assurance is a continuous process that does not end with the external feedback or report or its follow-up process within the institution. Therefore, institutions ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

-Providing Icelandic commentary for applying Standard 1.10

Institutions will undergo external quality assurance in the form of IWRs as outlined in this handbook.

Frame of reference for Standard 1.10

- Institutions engage in annual meetings with Quality Board representatives, as outlined in this Handbook.^{ST&LE}
- Institutions provide Reflective Analyses in accordance with agreed timelines, and Reflective Analyses are completed as outlined in this Handbook.^{ST&LE}
- Institutions arrange for Review Team visits for IWRs, as outlined in this Handbook.^{ST&LE}
- Institutions provide evidence of follow-up on issues identified in prior IWRs, and reflect critically on the success of those follow-up activities.^{ST&LE}

