

<b>Subject</b>	Operating an External Quality Agency
<b>Segment</b>	Methods of Review and Accreditation
<b>Topic</b>	2.5 Decision Making and Follow-up

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**Please note that this is a text-only version. All links and animations are not activated in this version. It is recommended that you view the topic online for an interactive learning experience.**

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### 1. Introduction



Each review team outlines its findings, typically at the end of the site visit and in the form required under the parameters of the review. But, generally speaking, the panel's conclusions do not represent the final outcome of the review as they are subjected to the scrutiny and approval of the agency responsible for the conduct of the review.

This topic introduces you to the different processes used for making the final decisions on review outcomes. The examples presented are based on the practices of a number of quality assurance agencies and will show how an agency ensures consistency in decision making even in those less usual cases where the review panel itself has the authority to make the final decisions on the review outcomes. The topic also discusses what happens after the report has been finalised including the mechanisms for appeal by an institution and the follow-up by the agency on actions to be taken by the institution as a result of the review.

#### **Objectives: Decision Making and Follow-up**

Upon completion of this topic, you should be able to

- identify different ways for reaching decisions based on outcomes from reviews
- explain the ways in which consistency in the decision-making process is ensured
- describe ways in which different agencies follow-up with institutions after reviews including providing opportunities for appeals
- suggest ways in which QA agencies may evaluate their own processes in the conduct of reviews and use the feedback for improvement.

### 2. Decision-making Processes

The International Network of Quality Assurance Agencies in Higher Education (INQAAHE) Guidelines of Good Practice (section 9) has laid down the following fundamental principles for reaching review decisions.

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*'The EQAA's [external quality assurance agency] decisions must be impartial, rigorous, thorough, fair, and consistent, even if the judgements are made by different panels. Consistency in decision-making includes consistency and transparency in processes and actions for imposing recommendations for follow-up action. The EQAA's reported decisions are clear and precise.'*

Based on the practices of quality assurance agencies, three different processes for reaching the review decision can be identified:

- the agency makes the decision based on the panel report;
- the institution has the opportunity to provide input to the report and/or decision;
- the panel alone makes the decision.

Let us discuss these processes in detail but it is important to acknowledge that there is overlap between the broad approaches in many cases internationally.

### **A. The Agency Makes the Decision**

The decision on the application for institutional accreditation or the approval of a report on an institutional review rests normally with the agency. Typically, the report of the review panel is received by the agency and referred to the board/directors or to a high level special scientific/academic committee. The charter or basic governance documentation should make clear which deliberative body of the agency has the duty to make the final decision. The following decisions or actions will usually be within the competence of the agency:

#### **Final Decisions**

##### **Approval of recommendations**

Approval of recommendations or grant of accreditation based on a favourable report from the panel will be the more normal decision and expresses the agency's support and confidence in the report and the recommendations of the expert panel. It will usually be accompanied by recommendations for enhancement of the quality of the institutions performance. Except for very serious and stated reasons the agency will endorse the recommendation of the expert panel.

A positive decision may be accompanied by a period of supervision or probation in keeping with the strength of the recommendations of the expert panel.

##### **Rejection of application**

Rejection of application or refusal of accreditation based on a negative report from the expert panel expresses support for the panel and the results of its visit and deliberations. As in the previous point, the recommendation of the panel should not be rejected lightly.

The agency should be wary of being swayed by an unduly charitable or kind approach to serious deficiencies on the part of the institution. Many long established agencies have learned to their cost that serious deficiencies are not amenable to remediation regardless of how much mentoring is offered by the agency.

Where agencies are responsible for the decision to flow from the review a level of consistency is maintained between decisions since panels can vary in their

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interpretation of standards and judgements on evidence. This is a process adopted, for example, by the Australian Universities Quality Agency (AUQA), The Oman Academic Accreditation Agency (OAAA) and the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ). The AUQA approach is defined below including a process of seeking clearance of factual accuracy with the institution (referred to as the auditee) prior to finalisation of the report.



### [Auditee Input to Report – AUQA](#)

#### **Auditee Input to Report – AUQA**

##### *The Definitive Draft*

When the panel is satisfied with the report, it becomes a definitive draft and is sent to the CEO of the auditee for identification of any errors of fact and comments on emphasis or expression. The definitive draft also goes to the AUQA Board Directors.

For comments other than the correction of typographical errors, it is most helpful to AUQA if the auditee provides, for each of its comments:

1. A precise reference to the relevant text in the audit report
2. An explanation of the point at issue
3. The background reasoning or evidence to support the comment
4. Suggested rewording where appropriate

The Audit Director copies the auditee's comments to other panel members and the Executive Director of AUQA. In consultation with the panel chair, the Audit Director produces a preliminary version of the final report and discusses this with the Executive Director and panel chair (and with other panel members as necessary). Further clarification may be sought from the auditee. If considered necessary or desirable, the Audit Director and panel chair may seek a meeting with the auditee.

AUQA's aim is for the final audit report to be as helpful and constructive as possible for the auditee, while not compromising the panel's conclusions or the rigour of the report. In the final analysis, it is AUQA's responsibility to report its findings as it sees them.

##### *Responsibilities of the AUQA Board with Respect to Audit Reports*

At the same time as the definitive draft report is sent to the auditee, it is also sent to the AUQA Board Directors for information. Once finalised, the audit report is then sent to the AUQA Board for immediate approval (usually by correspondence). At each Board meeting, the audit reports approved since the last meeting are noted and minuted. As the governing body of AUQA, the Board is responsible for setting and ensuring the achievement of AUQA's policies. In particular, it is ultimately responsible for audit reports, which are the public face of AUQA's core activity. Therefore, the Board approves the release of each audit report.

*Source: AUQA Audit Manual version 5.0. sections 4.3.1 & 4.3.2*

#### **B. The Institution Provides Input to the Decision**

Some agencies invite responses from the institutions either for incorporation into the report or for decision making on the accreditation outcome by the agency. In the

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Accrediting Commission of Career Schools and Colleges (ACCSCT), the Team Summary Report (i.e. the report prepared by the review panel), the institution's response document together with all other relevant information (application and self-evaluative report of the institution) is forwarded to the relevant Commissioner for consideration. One important point about the role of the Commission staff members is that they do not participate in the Team process so they can remain objective and give advice to the panel on accreditation standards.



### [Determination of Accreditation Outcome - ACCSCT](#)

#### **Determination of Accreditation Outcome - ACCSCT**

All accreditation determination is made by the Commission via the Commission Meetings (four face-to-face meetings and four telephone conferences per annum). 12 Commissioners are put into 4 Panels (3 Commissioners each) for each of the Commission Meetings. The 12 Commissioners are each paired up with a Commission staff. They are assigned accreditation cases of like nature within the same Panel. The Commissioners study and review the accreditation documents of their assigned cases with the assistance of the Commission staff. Normally, they are given 1.5 months to do the review. Accreditation determination will be made by the Commissioners at the Commission meetings. On average, each meeting deals with around 110 to 120 cases, including accreditation and those under compliance. To ensure consistency across the board, the Commission staff serving the panels will hold pre-meeting briefings and post-meeting debriefings.

Once accreditation decision is made, the ACCSCT will issue relevant letter of accreditation actions (in standard template and with necessary contextual to suit individual cases) within 30 days. For positive decisions, normally the letters are 2 to 3 pages. Letters with less favourable outcomes including letters requiring reporting and letters on accreditation with stipulation may be as long as 13 pages. The letters basically cover the Commission's determination, the basis of its determination, the factors considered, the issues of concern, and the actions required by the School. Should there be any recommendations for enhancement, they will be listed in an appendix. The draft letters are prepared by the Commission staff serving the panels. They are then commented by the captain of the staff serving respective panels (one captain of the three staff serving each panel) for further comment by the ED, who will ensure consistency among the four panels.

*Source:*

<http://www.accsct.org/Content/Accreditation/TheAccreditationProcess/The%20Accreditation%20Process%20Diagram.pdf>

#### **C. The Panel Makes the Decision**

The third process for making a review decision is where the decision is taken solely by the panel, though this is somewhat uncommon. An example can be found in the case of the Shanghai Educational and Evaluation Institute. The panel's evaluation and grading of the performance of the institution under review are authoritative and final at the end of the site visit and are shared in three types of feedback meetings.

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## **Feedback Meetings**

### **Informal session between panel and senior management**

An informal feedback session is held with the senior management of the institution, where members can be very open and frank in sharing concrete suggestions to the institution for its future action.

### **Formal session between panel and institution management and government officials**

This is followed by a formal session which has participation by the senior government officials from the Shanghai Municipal Education Commission and the management team of the Institution. In this session, the panel chair reads out the full evaluation report compiled by the secretariat, on the basis of the observation and evaluation made by the panel during the site visit. By nature, the report is more general in comparison with the comments expressed by the panel in the informal feedback session. The panel chair's remarks are followed by speeches delivered by different senior government officials.

### **Informal session between the panel and the government officials**

The third feedback session is an informal session between the panel and the government officials (at the request of the latter) to brief them the panel's overall impression of the institution and ways the government might assist institutions of the same type to succeed in their endeavours and meet the increasing demand for higher education in the community. The grading of the performance of the institution will only be shared with the Ministry of Education.

*Source: HKCAAVQ. Report on the Staff Exchange to the Shanghai Educational and Evaluation Institute. 13-24 November 2006.*

## **3. Ensuring Consistency**

Ensuring consistency between reviews is one of the most important aspects of a review process. This is essential if institutions are to be treated equitably.

There are several means of ensuring consistency in the decision-making process.

- Many agencies deploy a staff member to the review panel, be it working as the coordinator (in the case of ASSCST, the Quality Assurance Council-QAA and Quality Assurance Council-QAC) or participating as a full member (e.g. AUQA, HKCAAVQ). This person helps to ensure consistency of process and decision through being the resource person on precedent cases and policy interpretation.
- The QA agencies, through their governing boards, help to ensure consistency over time. This is observed in ASSCST. As precedent cases are important in the operation of QA processes, efforts should be made to manage the knowledge systematically, across the board and over time so as to ensure the data are appropriately stored for retrieval as and when necessary.
- Training of reviewers, the information provided for reviewers and the level of detail of the requirements of the review are other key parameters for ensuring the highest level of consistency.

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If a review approach is to check compliance and the outcome simply requires a statement that specifies full compliance with prescriptive pre-defined standards, then absolute consistency in framing outcomes can be ensured. However, an inherent feature of review of higher education is that it is based on peer review and hence involves a level of academic and professional judgment. Furthermore, this judgment is made in the context of understanding that all institutions are different and have different visions and missions. The processes of review, therefore, need to be conducted against the background of the particular institution and its goals. A critical task for the final decision makers is ensuring that there has been consistency in interpretation of requirements and in the processes applied to review an institution or program.

## 4. Consequences of EQA Decisions

In a significant number of higher education systems, a certificate of accreditation is required by a higher education institution to open for business. In most other countries, the college or university needs a favourable report to attract students and to attain a good academic reputation.

In brief the consequences of the agency's decisions may be summarised as follows:

- the institution may not operate in law without the agency's accreditation certificate;
- the agency's certificate is required to receive government funding;
- the agency's reputation in its catchment area depends on a favourable report from the agency or, sometimes more likely, an institution's academic recommendation may suffer severe damage by receiving a negative report;
- the institution may suffer in dealing with institutions or funding bodies in other countries if due diligence of accreditation decisions is sought;
- a negative report may make it difficult for the institution to maintain a high credit rating with financial bodies.

### Reading: Review Outcomes and Consequences

An example of one agency's approach to linking outcomes and consequences is demonstrated on the Middle States Commission on Higher Education [MSCHE](#) website.

The MSCHE has developed a chart which shows how different recommendations of an evaluation team are carried forward into action. It shows the actions that flow from the range of options open to teams assessing whether or not the institution being visited is in compliance with the standards against which it is being judged. Review Appendix 9: **Summary of Actions a Team May Take or Recommend to the Commission** of the following publication for more details.

[Conducting and Hosting an Evaluation Visit \(2009 Edition\)](#)

*Source: Middle States Commission on Higher Education, 2007; 2008*

## 5. After the Review

The sigh of relief at the conclusion of a review process is an understandable human reaction. In the case of an initial institutional accreditation, for example, it really is only the end of the beginning.

### Follow-up on Review

Reports Even where this involves a formal accreditation process, the review report will invariably include advice, recommendations and, probably, conditions or

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requirements. The advices may be divided into those which are suggested (or perhaps strongly suggested) to the institution and those which are a necessary condition of the accreditation. In other words, some of the conditions must be implemented or the accreditation is void.

The agency will usually require a report from the institution after a period of time on how these recommendations or conditions are being implemented. The period specified by the agency may reflect the gravity of conditions set down by the agency. In the case where conditions had been imposed eg in an accreditation matter where there were unsatisfactory arrangements, it would be usual to follow the receipt of such a progress report by an audit or verification visit from the agency. It is unlikely that this visit would be as onerous on the institution as the initial visit. The agency will be aware of the regular cycle of review visits in determining when this audit or verification will be held.

In making its initial report and setting out conditions and requirements, the agency should make it clear that failure to meet these conditions can have serious consequences, including in serious cases withdrawal of accreditation or the placing of the institution on probation. In the rare case where this becomes necessary, the agency will find that prior warning of the consequences of inaction will spare the agency considerable difficulties.

Even in the case of accreditation exercises or other type of QA review such as an audit where the outcomes are generally positive (albeit with some recommendations for improvements or other actions) the institution will need to report within a standard timeframe. The aim is to ensure the HEI does not neglect follow up on the review report and to keep the agency up to date on what is happening as this information will feed into the review cycle within which the agency works (for example, a 5 year cycle).

The Higher Education Review Unit of the QAAET (Bahrain) requires an institution to submit an Improvement Plan three months after publication of the review report. The Plan needs to show how the reviewee intends to address the findings, including each of the recommendations and affirmations in the review report, and remedy other areas for improvement identified in the report. The agency specifies, in detail, the information to be included in the Improvement Plan. One year after the publication of the report the institution submits a report on how it has met the goals of the Improvement Plan as well as maintained areas of good practice identified in the original review. (QAAET University Quality Review Handbook <http://en.qaa.edu.bh/>)

This is an example from the QAC (Hong Kong) showing the expectations of the agency in regard to institutional progress reports following an audit:



[Progress Reports – QAC \(Hong Kong\)](#)

### **Progress Reports – QAC (Hong Kong)**

The QAC expects the institution to implement the audit recommendations unless there are good reasons (such as a significant change in circumstances) not to do so. The QAC therefore requires the institution to submit a progress report on its responses to audit findings, particularly its actions with respect to affirmations and recommendations for improvement, within 18 months of publication of the report.... The institution should justify any case where no action has been taken.

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Source: Quality Assurance Council. Audit Manual, p39.  
<http://www.ugc.edu.hk/eng/doc/qac/publication/auditmanual.pdf>

Appeals Depending on the context in which it operates, the agency may have an appeals mechanism which needs to be known about by all of those involved in the process. The following example from South Africa shows one way in which appeals are handled although there are situations where appeals may be made to a court of law.



### [The Appeals Committee \(South Africa\)](#)

#### **The Appeals Committee (South Africa)**

A separate Higher Education Quality Committee (HEQC) Appeals Committee will consider the appeal (The Appeals Committee consists of the Chief Executive Officer of the Council on Higher Education (CHE), the CHE representative on the HEQC and co-opted specialists when necessary). The HEQC will not contract a new set of evaluators or conduct site visits, but will pay close attention to the processes and procedures followed in the first evaluation. The Appeals Committee will consider the following documents:

- Original application.
- Report from the evaluators.
- Letter of appeal.

The recommendation of the Appeals Committee will be referred to the HEQC Accreditation Committee for Private Providers for a final recommendation, which will be considered by the full HEQC. The applicant will be informed of the result of the appeal within two months of submitting full grounds for the appeal.

Source: Council on Higher Education (South Africa) <http://www.che.ac.za/>

The MSCHE provides an avenue for appeal on an adverse accreditation finding. The grounds for appeal are related to procedures employed during the review and alleged bias rather than the judgments of the review panel. This is a typical situation with reviews as appeals do not generally allow a re-consideration of the substantive matters dealt with in the review.



### [Appeals against decisions - MSCHE](#)

#### **Appeals against decisions - MSCHE**

... appeals from Adverse Accrediting Action shall be based solely on the record before the Commission, inclusive of any evidence of substantially changed circumstances submitted as part of a Request for Reconsideration. The burden shall be upon the Appellant to demonstrate by clear and convincing evidence in the record that:

1. there were errors or omissions in carrying out prescribed procedures on the



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- part of the evaluation team or the Commission which materially affected the Commission's action; or
2. there was demonstrable bias or prejudice on the part of one or more members of the evaluation team or Commission staff or Commission which materially affected the Commission's action; or
  3. the evidence cited by the Commission in reaching the decision which is being appealed was in error on the date when it made the decision and the error materially affected the Commission's action; or
  4. the action of the Commission was not supported by substantial evidence or was arbitrary and capricious.

Source: <http://www.msche.org/?Nav1=POLICIES&Nav2=INDEX>

### **Evaluation of the Review Process**

When the review is completed, it is usual for the QA agency to evaluate the process of review so feedback from participants can be used to improve the EQA process. This, in effect, is the agency's QA mechanism for the conduct of reviews.

The Oman Academic Accreditation Agency (OAAA) conducts these activities:

- survey of team members
- interviews with HEI representatives
- report from the agency staff member responsible for steering the audit

A debriefing report is then compiled and presented to the board of the OAAA for consideration and decisions on action for improvement of review processes. OAAA [Audit Manual](#) pp 66-67

## **6. Discussion**

### **Discussion: Decision Making and Follow-up**

Look at the website of a quality assurance agency in your country or in a country with which you are familiar and locate policy statements about what happens when a visiting team makes a recommendation to the external quality agency.

1. What actions must follow the different recommendations that are open to the visiting team?
2. Are the consequences of recommendations clearly laid out for the panel in terms of actions they need to take?

What are the advantages and disadvantages of the three ways in which decisions are made on outcomes of reviews? (by the team, by the agency or by a combination of agency and institutions). Can you think of other ways of ratifying decisions on outcomes?

How might an agency constitute a committee to deal with an appeal from an institution that does not accept a review outcome? What principles would you use to ensure the appellant received fair treatment?

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## 7. Summary

This topic covered the following main points:

- Decisions must be impartial, thorough and consistent, even if the judgments are made by different panels or parties.
- Depending on who makes the decisions on the review outcomes, three different processes for decision making can be identified:
  - The agency makes the decision based on the panel report. This ensures consistency as panels may vary in their interpretation of standards and judgement on evidence.
  - The institution has the opportunity to provide input to the report and/or decision. In such cases, the panel's review report is sent to the relevant Commissioner, along with inputs from the institution and other relevant evidence and information. The Commissioner makes the decision based on these documents.
  - The panel alone makes the decision. In this case, the decision is usually authoritative and shared with the institution in a series of feedback sessions. Since there are different panels for different reviews, agencies have their own ways of ensuring consistency in the decision-making process.
- There are several means of ensuring consistency in the decision-making process. Among them are:
  - Deployment of staff member to be the resource person;
  - QA agencies through their governing boards;
  - Training of reviewers.
- The agency will usually require a report from the institution after a period of time on how team recommendations or conditions are being implemented.
- There needs to be a channel for appeals against decisions on outcomes of reviews
- The QA agency should evaluate each review for which it is responsible and use stakeholder feedback to improve the agency's own processes.