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| Subject | Operating an External Quality Agency |
| Segment | Preparation of the Report |
| Topic | 5.4 Compiling and Disseminating Reports |

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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



This topic discusses strategies for compiling the outcome of a review. It demonstrates how conclusions are expressed to reflect the nature of the review and gives examples from actual review reports to highlight different approaches. There is also discussion of the pros and cons of publishing reports from reviews. The materials for this topic also include extracts from a fictitious review report as an example how one QA agency documents outcomes relative to the purpose of review.

Objectives: Compiling and Disseminating Reports

Upon completion of this topic, you should be able to

- discuss different approaches to compiling review reports including partnerships between agency staff and reviewers
- describe the different kinds of outcomes from EQA activities
- identify the factors that determine whether a report should be kept confidential or made publicly available
- describe a variety of ways in which QA agencies disseminate review results

2. Compiling the Report

Any essential part of the review process is the written report submitted to the QA agency by the review team. The main sources of information on which the report is based include:

- The documentation submitted to the agency prior to the site visit including the main submission (self-assessment) and any supplementary information provided on request such as answers to specific questions
- Publicly available information about the institution such as press releases or media coverage, items about activities or services on the institutional website
- Analyses of data about the institution performed by the panel or an agency staff member eg a time series or chart showing trends in attrition that had not been included in the institutional submission

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- Detailed notes from interview sessions compiled by the nominated secretary or note-taker and also by panel members
- Notes compiled during (private) panel site visit sessions when the panel summarises its preliminary findings as the site visit is proceeding. These are sometimes compiled overnight into a day-by-day summary for use by the chair. The day-by-day notes are supplemented by notes of the final wrap-up sessions when the chair guides the team towards consensus on the findings and conclusions
- Preliminary material compiled by the team or the individual responsible producing the draft prior to the site visit. This can include written comments made by individual panel members and shared with the panel as a whole to convey initial reactions to the institutional material although it is important that these early impressions have been validated through the review process if they are to be included in the report.
- Where the team convey some preliminary observations to the institutions at the end of the site visit, the record of conclusions relayed orally at this meeting. The record may be in the form of notes on what is said, informally, by the chair but, increasingly, this session is based on notes drafted by the chair, agreed by the panel as a whole and read to the meeting of the team and the institutional representatives by the chair.
- The compiler of the report might also have prepared some summary notes in advance where it is known what descriptive material needs to be included in the report for example, the basic facts on the institution, its organizational structure, committees, history, abbreviations used, title page, the names of the team and so on. Having such descriptive template material prepared in advance speeds the process of compiling the initial draft report

External quality assurance agencies differ in how they manage the preparation of the review report with a variety of approaches to allocation of responsibility for the writing and editing. In systems where the reviewers have a practical role to play as organisers, there is also a tendency for them to carry the direct responsibility for drafting the report at the end of the site visit. This responsibility can be divided among team members under the supervision of the team chair or can be the responsibility of the chair. The former is the typical practice among regional accreditation agencies in the US. Here is an example of this approach from the Higher Learning Commission:



[The Team Report – Higher Learning Commission](#)

The Team Report – Higher Learning Commission

Following the visit, the evaluation team writes a report, which becomes the official document of record. The team report provides information suitable for the public, information related to the accreditation decision, and consultation for ongoing institutional improvement.

The Draft Team Report

Several weeks after the visit, the team chair sends the draft team report to the Commission staff liaison and team members. The team members and staff liaison review the report and discuss it with the team chair. Infrequently, the discussion between the staff liaison and the team chair may result in modification of the preliminary recommendation shared at the Exit Session. If that should occur, the

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chair immediately notifies the organisation and the team. Following this review, the team chair sends the draft team report to the organisation for review and correction of errors of fact.

In the letter that accompanies the draft report, the team chair sets firm deadlines for response. Unless notified by one of the parties, once the deadline arrives the chair assumes that the final report can be produced and submitted to the Commission.

Source: Higher Learning Commission, Accreditation Handbook, 5.5-1 and 5.5-2

Other arrangements for report writing include situations where review team members are requested to draft sections the report and the agency integrates and edits the detail to ensure it complies with house style and so on. In some of these cases the QA agency arranges for panel members to spend extra time at the visit site, or a nearby location, to prepare drafts of sections of the report. The agency staff member, working with the chair, integrates the team's contributions and fills-in any gaps to produce the first draft

An important part of the editing process is checking that the review team has worked in accordance with the agency's procedures and that the conclusions drawn and any recommendations and commendations are based on sufficient evidence. The more public the report the more careful the agency must be in the preparation of the report. The agency needs to make sure the report has been prepared in a clear, concise, accurate and appropriate manner even when the report is confidential to the agency and the institution.

A third approach to compiling review reports is where an agency staff member prepares the first draft of the report and revises it with team input to the point where the report is accepted as reflecting the full panel view. This is the typical approach in agencies where a staff member is a full member of the review team but is also used when the staff member is not a member of the review team but plays a role in steering the processes and providing direct support to the team leader and the panel as a whole. This agency staff member would normally perform the role of secretary for the team as well as prepare the first draft report. An advantage of the strategy is that it results in compliance with required report format, basic content and house style of the agency. This means there is less need for an additional agency internal quality assurance process.

The 'tone' of the report is very important as this can convey an inappropriate negative or positive impression that goes beyond the words of the text. This is particularly the case if the agency is to publish the report as the reputation of the institution, and that of the agency, are dependent on the document. (It should go without saying that as a body dealing with higher education the agency should safeguard its reputation by ensuring that all documents published are written to a high standard of grammar, spelling and syntax). The Oman Academic Accreditation Authority (OAAA) has both internal and external moderation processes to critique draft reports which have been compiled by agency staff working with a team. An important aim here is to ensure that the evidence to support audit conclusions is unambiguous and appropriately presented in the report which is ultimately released public to the public.

One of the challenges to be overcome by a QA agency is designing and executing a strategy for timely compilation of review reports. Even the most diligent of review panel members can lose focus on this final phase of the process when they depart from the site visit and return to their day-to-day routines. And since the review panel

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members are, by definition, mostly high-profile and busy professionals it can be difficult to retain their attention during the different stages of preparing a report on the review.

Each of these approaches has its advantages and disadvantages but whichever approach or combination of approaches is used, it is important to produce the first draft of the report as soon as possible after the visit while the experiences and memories of the site visit are still fresh and reviewers can confidently validate the observations and conclusions being included in the report. It is also important that team members see successive drafts and have an opportunity to provide input so that they feel the panel's view is fully represented by the final version of the report.

3. Framing the Outcomes

One of the very challenging aspects of compiling a review report is framing the conclusions in a comprehensive and unambiguous way. Not only is it important for the institution, in terms consequences for them and actions they need to take, but the statements of conclusions or outcomes are often the only sections of a review report read by the public and the media. These statements should therefore be drawn up with utmost care.

The outcomes of a review are directly related to the review authority of the agency concerned and will also depend on the goals of the exercise so they will vary in substance and in nature. These outcomes include, but are not limited to

- the granting (or not granting) of accreditation status;
- naming of associated condition(s);
- validity period, restriction(s);
- recommendation(s), commendation(s) and so on.

These outcomes may include "yes" or "no" decision leading to the grant of accreditation status as in the case of accreditation agencies. The outcome may also lead to the expression of professional opinions about the quality standard of the institution or program concerned. These opinions are typically expressed in terms of commendation of good practices, recommendations for improvement, affirmations, expression of confidence and so on.

While the meaning of commendations, recommendations for improvement are fairly self-evident, the term *affirmation* in a review context is less obvious. An important determinant of whether or not an institutional report will include affirmations is evidence that progress has been made in improving problem areas. It is generally not enough for the institution to assert that they are making progress, or that they plan to start acting to enhance the matter in question. In at least one agency situation however, a credible plan and commitment to improvement may result in an affirmation. In other words the expected amount of evidence of progress is less demanding.

Some examples of the different uses of the term 'affirmation' and the circumstances in which a review team may frame affirmations are provided below.

[Affirmations](#)

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Affirmations

Affirmations – some definitions

...important areas for improvement that have been recognised by the institution will be identified as 'affirmations' (Quality Assurance Authority for Education and Training: HERU, Bahrain)

...affirmations... recognise improvements the institution is making as a result of its self-review (Quality Assurance Council, Hong Kong)

During the External Review the Panel will consider Opportunities for Improvement designated by the HEI in its Portfolio. If it concludes that the matter has been fully and accurately identified and understood by the HEI, and that the HEI is committed to taking appropriate action in response, then the Panel should indicate its support...[through an Affirmation]... The key words used in Affirmations are "agrees with" and "supports" (Oman Academic Accreditation Agency).

In the information that follows, we provide some examples of the kinds of outcomes that come from EQA activities:

- An example from AUQA where audits results include commendations, affirmations and recommendations;
- Potential conclusions focused on good practice and recommendation for improvement;
- Accreditation outcomes based on 6 possible conclusions from ACCSCT;
- A template for an outcome statement by the HKCAAVQ where a program has to meet its stated objectives and the HK Qualifications Framework standard.

There is also an extract from a fictitious review report with the materials for this topic to demonstrate how the discussion of outcomes may be embedded in a report

But firstly, looking specifically at kinds of outcome, this is the way that AUQA defines the outcomes:



[Outcomes of Audit – AUQA](#)

Outcomes of Audit – AUQA

Commendations, Affirmations and Recommendations

The panel's investigations are as attentive to identifying commendable practices as they are to areas for improvement. Reports typically include both highlighted 'commendations' as well as other favourable comments throughout the text.

'Recommendations' in audit reports relate to areas the audit panel believes require improvement. The recommendation will alert the auditee to an area for attention, rather than instructing it to take a particular action or series of actions. However, some suggestions of possible approaches may be offered by the panel. Some recommendations may also be identified as issues of priority to be addressed. A subset of recommendations is 'affirmations'. These relate to areas the panel believes require improvement which have already been identified by the auditee, in its

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Performance Portfolio, as needing attention. Affirmations are validated by the panel in the same manner as are commendations and recommendations and, therefore, an auditee must be able to demonstrate the processes and evidence that it has used to arrive at the decision that improvement is required. Further, the panel may discuss with the auditee the action it has taken (or proposes to take) and may comment on its likely effect. (Audit Manual version 5.0, Section 4.2.2)

Examples of commendations, affirmations and recommendations as defined by AUQA are shown below in a series of extracts from AUQA Audit Report of the Australian National University in 2007. The rationale for each outcome is made clear in the texts preceding the conclusions.

Commendation

'The Panel considers that successful implementation of the college structure is essential to achieving the University's aspirations. Such a structure is necessary in order to realise potential research synergies between the research schools and the faculties, to strengthen the links between research and teaching at all levels, and to reduce duplication of effort. The pace of implementation deliberately varies according to the complexity of each college (PF p22). The Panel formed the view that the University has made substantial progress in the two years since the structure was accepted. This progress includes the drafting of college strategic plans, including objectives (section 2.3), the formulation of research themes (section 5.1.2), and the apparent readiness of staff to work across traditional organisational boundaries.'

Commendation: AUQA commends Australian National University (ANU) for formulating and introducing the college structure as a means towards achieving the aspirations expressed in ANU by 2010.

Affirmation

'The membership and terms of reference of the Academic Board have changed recently and are due to change again to reflect the changes to the organisational structure of the University (PF p10). The Academic Board's role is to advise the Vice-Chancellor on issues of strategic importance in academic matters. It has no subcommittees. A resolution of Academic Board on May 9 2007 confirms the previous AB subcommittees – the University Education, University Research, University Information Strategy, and University Community Committees – as policy committees which advise the chairs of those committees on all matters within the remit of the committee. The chairs are the members of the Executive with portfolio responsibilities in the respective areas. The committees may also advise AB on major issues within the remit of the committee relevant to the University's strategic plans and overarching policy, and on any matter referred to the committee by AB.

There are currently moves to expand the Board membership to allow for a broader cross-section of views on the Board. These initiatives are encouraging and fully consistent with the objective of ensuring ownership within the University community of the strategic changes that are in progress.'

Affirmation: AUQA affirms ANU's endeavours to revise the role and terms of reference of the Academic Board to most effectively support the organisational structure of the University.

Recommendation

...'the college strategic plans are in various stages of development depending on the size and complexity of the college. The current college plans all reflect the University strategic priorities but differ with respect to their level of operationalisation and the

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extent to which they include objectives, targets and measures for achievement of performance. The Panel did, however, see several examples of lower-level unit plans, for example at school and department level, which contained more operational detail including actions and measurable targets related to the college strategic plan and objectives.

Given ANU's aspirations and the importance allotted to continuously improving the quality of the University's outcomes in teaching and research, the college convenors and University Executive would be assisted by having operational measures to determine whether the colleges are successfully contributing to the achievement of the University's aspirations by producing the desired outcomes. The measures should be as consistent as possible among colleges while recognising each college's unique planning initiatives and circumstances.'

Recommendation: AUQA recommends that the ANU Executive use the forthcoming review of the college plans to ensure that every plan includes, either directly or by reference to attached lower-level unit plans, specific actions and milestone metrics for gauging progress and performance.

Our second example of a review outcome is shown in an extract of report conclusions highlighting good practice as well as recommendations for improvement in the Quality Assurance Agency (QAA) institutional audit report of Canterbury Christ Church University College, May 2005.



[Outcomes of Audit – QAA](#)

Outcomes of Audit – QAA

Features of good practice

242 The following features of good practice were noted:

(i) the maintenance, during a period of considerable institutional expansion, of a strong, collegiate environment across the campuses and partner colleges (see paragraph 42)

Recommendations for action that is advisable:

(i) monitor the effectiveness of strategic planning of resources, to secure effective forecasting and management of the demands of academic developments, therefore maintaining the quality of the learning experience (see paragraphs 52, 124) whereby relevant supporting paragraphs are extracted below for reference

42 In its discussions with staff and students, and in its reading throughout the audit, the audit team was struck by the strong sense of belonging and engagement exhibited on all sites within the community of CCCUC (see paragraphs 41, 92, 123, 130, 138). The team came to the conclusion that the maintenance, during a period of considerable institutional expansion, of a strong, collegiate environment across the campuses and partner colleges is a feature of good practice.

52 Draft validation documents include a program specification, which makes reference to benchmarks and the framework for higher education qualifications in

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England, Wales and Northern Ireland (FHEQ). The documents also require the support of the dean, indicating commitment to resourcing the proposal. In its analysis of some dissatisfaction expressed regarding resources (see paragraphs 122, 144, 169 below), the audit team agreed with the University College that academic planning and resource management are crucial to a high quality student experience, and concluded that it would be advisable for the institution to monitor the effectiveness of strategic planning of resources, to secure effective forecasting and management of the demands of academic developments, therefore maintaining the quality of the learning experience.

124 Notwithstanding the progress being made in addressing learning resources issues and responding to student concerns, it was the audit team's view that the University College needed to continue with the implementation of its strategy and planning for the improvement of learning resource provision and related accommodation for study, in order to ensure that student number growth and program diversification did not impact adversely on the quality of the student learning experience. There was some evidence from committee deliberations, management appointments and policy developments, that the University College understood this imperative and was initiating the necessary improvements to maintain the satisfaction of students and staff with the learning environment.

A third example of outcomes from an QA agency review comes from the Accrediting Commission of Career Schools and Colleges of Technology (ACCST), which defines its accreditation outcomes as follows:



[Accreditation Outcomes- ACCST](#)

Accreditation Outcomes- ACCST

37. Accreditation Outcomes (known as Commission Actions in ACCST's terms)

(a) Accreditation (5 years, the longest for renewal of accreditation). The maximum grant of accreditation is 3 years for initial accreditation. The schools may be graded according to their performances and be granted the status as follows:

1. School of Excellence
2. School of Merit
3. School of Distinction

(b) Accreditation with Stipulation (in our term pre-conditions) – normally stipulations are issues that can be corrected within a short period of time and must be met before accreditation becomes effective.

1. Validity period: 1 – 5 years (normally the shortest is 3 years)
2. If there is a stipulation, the School must provide documentation demonstrating the corrective action taken to bring the school into compliance with accrediting standards before accreditation is conferred.
3. If the School is on "reporting" it must submit an interim report as prescribed. This is when the Commission considers that interim monitoring is necessary or required in conjunction with any accrediting process, procedure or substantive standard. Normally, the report is an outcome report.

(c) Deferral of action – not a negative action but additional information is required

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before the Commission can make an accreditation decision. Normally, 6 months is granted for the submission of information.

(d) Show Cause and Probation

1. Show cause – the Commission has reason to believe that the School is not in compliance with an accreditation standard and gives the School a specified period of time to bring itself into compliance.
2. Probation – the Commission has determined that the School is not in compliance with an accreditation standard and gives the School a specified period of time to bring itself into compliance. Under this circumstance, Schools on probation will be listed in the ACCSCT website and the Department of Education will be notified.

(e) Denial of Accreditation

1. This applies when the Commission determines from the record of an initial accreditation that the institution does not meet the standards of accreditation.
2. Schools may re-apply nine months after the final decision of the Commission or Appeals Panel.

Source: <http://www.accsct.org/>

A fourth, and final, example of outcomes comes from the HVAAVQ and relates to a situation where outcomes have to deal with a legal question as to whether the institution or program has met the required quality standard. In this case, the outcome statement has to address the key criteria specified in the relevant ordinance to assure HKCAAVQ that the program meets its claimed objective and the Hong Kong Qualifications Framework standard. If these criteria are met the institution or program is deemed to satisfy the legal requirement under the Accreditation of Academic and Vocational Qualifications Ordinance (Cap 592). To ensure clarity in the way the outcomes are stated, the HKCAAVQ accreditation report template includes the outline of an outcome statement which is then appropriately completed at the end of the review process.



[Accreditation Outcomes- HKCAAVQ](#)

Accreditation Outcomes- HKCAAVQ

Approval case

In conclusion, the panel considers that the learning program has achieved its stated objectives and meets the QF standards at Level (fill in level). The panel, however, stipulates (please state the number) pre-condition(s) and (please state the number) requirements and makes (please state the number) recommendations in section 3 to address the issues identified and outlined in section 2. (mention as appropriate)

Non-approval case

According to the above observation as well as the information and evidence provided by the operator, the panel considers that the learning program does not meet its stated objectives and does not meet the QF standards at Level (fill in level). The panel further considers that the learning program does not meet the standards of a SCS-based program of _the (please fill in the name of the industry concerned)

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industry. (Please delete if inappropriate or make necessary adjustment as deemed appropriate.)

As can be seen from the examples in this topic, there is variety in the way outcomes are expressed. There is no single best way as the mode of expression has to be appropriate to the purpose of the review. What counts is that the statement of outcomes is fit for purpose. In other words, the outcomes should reflect the purpose of the review exercise, address the legal questions if any and state clearly any consequences or conditions associated with the review exercise.

4. Timeframes

Typically, the compiler of the report works to an agreed timeframe for moving the report to a point at which it may be released publicly (if that is the practice of the particular QA agency) although this can be difficult to achieve in some circumstances. Delays can happen in agencies that are in the early phase of development or are coping with demands for large numbers of reviews. The Indian National Assessment and Accreditation Council (NAAC) expects panel members to finalise their report prior to the end of the site visit and to share this with the institution. Other timeframes for compilation of the first draft vary from two weeks following the review to being entirely open-ended. The timeframe to the finalising and publication of the report also can vary from about 12 weeks to also being open-ended in which case the time lag can be quite extreme.

These are some of the steps to completion of the report that need to be taken account of in setting up a schedule for the process:

- Person/s responsible for the compiling of the first draft report sends an early draft to the chair (or other panel members if the nominated compiler is the chair)
- Chair's amendments are incorporated into what may be termed 'draft 1' which is sent to the review team members for input
- Team member input is considered by the chair and successive drafts are prepared to the point where the report may be accurately described as reflecting the views of the team as a whole (not simply the chair or compiler). It is crucial that all members respond to the drafts and agree that it reflects the panel view even if they might have reservations about particular aspects of the report or its overall conclusions.
- The team's draft report is sent to the institution for checking on factual accuracy or apparent misrepresentations within terms previously established by the agency. It is not normally open to the institution to debate the findings in the panel report or the phrasing or number of commendations or recommendations
- The institution sends proposed changes to factual errors, and so on, to the panel and a final version of the report is prepared. There may also be an opportunity for the institution to submit a formal reply to the report which can be included in a published version of the document
- The final version of the panel report (and institutional responses where relevant) goes to the body that approves the report on behalf of the agency, usually the board or other governing body. When this has been achieved the report becomes the report of the agency rather than simply the report of the panel.

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The Irish Universities Quality Board (IUQB) sets out its timeframe and processes as follows:

Production of the Review Report

Five weeks after the end of the Main Review Visit, the IUQB will send to the President/Provost the summary and review reports (prepared by the Coordinating Reviewer and signed off by the Chair following consultation with all review team members). The university will be given 5 weeks to comment on factual accuracy (if they so wish) and to provide a 1-2 page institutional response to the report that will be published as an appendix to the review report. Each IRIU reviewers' report will be formally signed-off and approved by the IUQB Board once satisfied that the review process was completed in accordance with published criteria.

Source: IUQB Institutional Review of Irish Universities. Handbook
http://www.iuqb.ie/info/iuqb_publications.aspx?article=9eb53995-c4b4-47d5-a7d4-fe4d565865bf

Here is an example of a schedule for a Quality Assurance Council review (audit) of a university in Hong Kong, edited to retain anonymity of the institution. The schedule for forwarding the draft report to the university is established in advance as are the dates for return of comments and so on.



[Schedule for Quality Assurance Council](#)

Schedule for Quality Assurance Council

Quality Assurance Council

Quality Audit of the xxx University xxx : 14-19 March 20xx

Schedule of Key Dates

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| <i>14 September 20xx :</i> | <i>Submit draft Institutional Submission and contents list of Supplementary Material to QAC Secretariat, with suggestions for possible additional focus areas if considered necessary</i> |
| <i>12 October 20xx :</i> | <i>QAC Secretariat to provide feedback to university</i> |
| <i>21 December 20xx :</i> | <i>Submit Institutional Submission and Supplementary Material (nine hard copies plus one electronic copy) to QAC Secretariat</i> |
| <i>15 January 20xx :</i> | <i>One-day Initial Meeting of the Panel</i> |
| <i>16 January 20xx :</i> | <i>QAC Secretariat to liaise with University re any Panel requests for further information, programmes for sample review and possible visits outside Hong Kong.</i> |
| <i>Week commencing</i> | <i>Preliminary (one-day) Visit to University by subset of</i> |

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| <i>18 January 20xx:</i> | <i>Panel to discuss the programme for the Audit Visit and other details</i> |
| <i>Week commencing 22 February 20xx :</i> | <i>Subset of Panel to undertake visits outside Hong Kong (if required), accompanied by University representative</i> |
| <i>14 March 20xx :</i> | <i>Pre-visit meeting of Audit Panel (2-5p.m.)</i> |
| <i>15 – 19 March 20xx :</i> | <i>Audit Panel visit to University (4 days)</i> |
| <i>Week commencing 10 May 20xx :</i> | <i>QAC Secretariat sends final draft Audit Report to University for comment</i> |
| <i>Week commencing 24 May 20xx :</i> | <i>Return comments on final draft Audit Report to QAC Secretariat</i> |
| <i>7 June 20xx :</i> | <i>QAC Secretariat sends final Audit Report to University</i> |
| <i>21 June 20xx :</i> | <i>Submit Institutional Response to Audit Report to QAC Secretariat</i> |
| <i>28 June 20xx :</i> | <i>Audit Report and Institutional Response circulated to QAC</i> |
| <i>July 20xx :</i> | <i>QAC formally considers Audit Report and Institutional Response, and forwards to UGC for consideration</i> |
| <i>July 20xx :</i> | <i>QAC publishes Audit Report</i> |
| <i>January 20xx :</i> | <i>University submits 18-month Progress Report to QAC Secretariat</i> |

A feature to be noted in the schedule above is the requirement for submission of an 18 month progress report to the agency, setting out what progress has been made on implementing the recommendations and other suggestions made by the panel in the audit report. This is a typical requirement so that the cycle of an individual review is on-going after the completion of the report.

5. Disseminating Review Outcomes

One of the recurrent issues in consideration of quality assurance in higher education relates to the publication of applications, submissions, reports and review decisions by QA agencies.

The most common argument in favour of non-publication of review outcomes and associated reports rests on the damage which may be caused to the institution by making a negative report generally available. The flipside of this argument states that publication may inhibit the expert team or the agency from making a clear and honest report on the state of affairs in the institution.

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In addition, one potential result of these concerns on the consequences for institution of publication of reports is the development of a style of report writing which conveys little information to the organisations and agencies most directly concerned (university, agency, ministry etc.) and none at all to the general public.

As in other aspects of quality assurance, practices and approaches vary from country to country depending on legal and administrative cultures pertaining in a particular jurisdiction. In some countries where either universities or agencies are subject to freedom of information legislation, it has become pretty irrelevant whether the agency and client institutions wish to preserve confidentiality on review documents. The documents are available in law and all the bodies concerned are obliged to conform to legislation. In other countries, a strong culture of confidentiality applies throughout the public and private sector. However, internationally, many agencies disseminate reports in recognition of the importance of openness and transparency as 'best practice'.

On the whole, while recognising the differences which exist, it would appear that the trend over recent years has been towards publication rather than confidentiality. Thus while accreditation bodies in the United States continue to accept the view that publication of reports may weaken the extent to which the report will be outspoken, the European practice under the [European Standards and Guidelines \(2005\)](#) prescribes publication. It is often the case that QA agencies have their power to publish reports supported under a legal provision.

'The audit report is a public document and belongs to AUQA, not to the audit panel or its members. The panel acts on behalf of AUQA, and hence it is AUQA, and not the panel, that affirms the conclusions and makes the recommendations in the report. Only the Executive Director of AUQA and the chair of its Board are authorised to make public comment on audits and audit reports.'

In the case of an audit that AUQA has conducted on contract for any organisation, the report is provided to the organisation and becomes the property of that organisation. AUQA reserves the right to become involved subsequently if it is felt that the organisation or other parties are publicly misquoting the report'.

Source: AUQA Audit Manual version 5.0, Section 4.1

6. Types of Publication

Agencies express concern from time to time as to what is meant by 'publication'. It is, of course, possible that some of the more important self-evaluation reports and review reports may be printed in hardcopy. It is much more likely that publication involves placing the document on relevant websites (in pdf format) and that no hardcopy is made available. Arrangements are usually made by agencies to ensure that hardcopy and dated copies are retained on file.

In terms of what review documents are published, where the agency makes reports public a full or an abridged review report is typically released. In some countries, there is a practice among HEIs of also releasing the evaluation materials prepared by the institution for the review for example, the self-study document is often made available through a website as a demonstration of institutional commitment to

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quality assurance. There are also likely to be other compilations of essential data open for consultation by the general public.

Examples of situations where full review reports are released following reviews include the Danish Evaluation Institute (EVA), the UK Quality Assurance Agency for Higher Education (QAA) and the Taiwan Assessment Evaluation Association (TWAEA) to mention just a few. In the case of the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ), reports are confidential but the Hong Kong Quality Assurance Council (QAC) which carries out audits of universities publishes its reports thus demonstrating the relationship between the mission of an agency and the type of review being carried out. In other words the approach to dissemination is a function of the mission of the agency not location in a particular geographic region.

A summary of some different types of publications arising from review follows:

Scope of Review Publications

Publication of accreditation decision only

This may give rise to more questions than the publication of a full report. At the very least, it puts the basic decision of the agency into the public domain. It would appear to be the very minimum which may be published.

Publication of the decision and a synopsis or executive summary of the report

On the understanding that the full report is available to the senior officials and board of the institution, the publication of an abbreviated version of the report meets the minimum needs to publish a report on the process. It may preserve the corporate reputation of the institute but if the higher education sector and the interest public are aware that only truncated reports are published, suspicions may be aroused as to what was in the full or 'real' report.

Publication of decision summary report with a full report and management letter

The practice of sending a management letter to the senior officers of the institution is common in the area of financial audits. While this practice is frequently debated in higher education, it is rare to see it adopted.

Publication of decision and full report

This is obviously the most open and transparent method of publication. It shows the institution to the general public with all its good and bad points on display.

7. Example from a Fictitious Review Report

Given below is an example of a report for a fictitious institution. It is used in training of reviewers by Middle States Commission on Higher Education (MSCHE) to demonstrate how reports are structured against the framework of the review or audit. In this case, the team is assessing compliance with accreditation standards.

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[Excerpts from a Fictitious Evaluation Team Report](#)

Excerpts from a Fictitious Evaluation Team Report

I. Context and Nature of Visit

Institutional Overview:

Valley View College (VVC) is a public, comprehensive, master's level institution located in a suburb of a large city, with additional locations in Hill Valley and South City. It enrolls approximately 7,500 undergraduates and 1100 graduate students. The College was initially accredited by the Middle States Commission on Higher Education in 1951. The College's accreditation was last reaffirmed through a Periodic Review Report in 2002. Several professional programs offered by the College have specialised accreditation.

Self-Study Process and Report:

The College used a comprehensive self-study model. The self study was organised into 14 chapters, one on each standard in sequential order.

V. Compliance with Accreditation Standards:

Standard 2: Planning, Resource Allocation, and Institutional Renewal

An institution conducts ongoing planning and resource allocation based on its mission and goals, develops objectives to achieve them, and utilises the results of its assessment activities for institutional renewal. Implementation and subsequent evaluation of the success of the strategic plan and resource allocation support the development and change necessary to improve and to maintain institutional quality.

Summary of Evidence and Findings:

Based on a review of the self-study, other institutional documents, and interviews with faculty and administrators, the Team developed the following conclusions relative to this standard:

Documents in the VVC's planning office show that Valley View College has an ongoing, systematised process for undertaking a comprehensive, college-wide review and update of its strategic plan every three years. Notes from its last review, conducted during the 2005-2006 academic year, show that the process began with a review of results of evaluations of the previous strategic plan. Assessment results showed that VVC achieved its strategic goals for enrolment, fund-raising, and teaching excellence, but not its goals for student access or retention. Discussion of these results led to the reaffirmation of VVC's mission to provide "open door" access to residents of the state, placing particular emphasis on reaching under-prepared and working adult populations. Minutes of the president's cabinet meetings document that the president then charged each of her vice presidents—academic, administrative, development, and student life—to meet with their departments and units to review the manner in which existing plans and activities support the mission, identify existing and potential opportunities for cross-unit/division collaboration, and determine areas of most critical need.

This process identified three areas of mission-critical need: (1) remedial support for under-prepared students, (2) facilities and services at the College's two additional

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locations in Hill Valley and South City, and (3) technology infrastructure and support services for the College's growing distance learning initiatives.

These three needs clearly form the basis of strategic goals and objectives in VVC's current strategic plan. Minutes of the president's cabinet meetings document that, in Fall 2006, selected department and unit heads were identified as directly responsible for the critical need areas, and they were charged to work in collaboration with appropriate faculty, staff, and students to develop plans to include one- and three-year objectives, measures of success, and resource needs and justifications.

As a public institution, Valley View is subject to the political vagaries of the legislative budget process, which can make long term resource planning challenging. That said, in July 2006, the president and her cabinet committed to identify, beginning with the 2007-08 fiscal year, funds equivalent to at least five percent of the budget to be allocated to these areas, a commitment confirmed in a review of 2007-08 budget materials.

Minutes of the College's planning and budget committee confirm that the College Budget Committee reviewed plans and resource requests for the critical need areas and recommended resource allocation levels and priorities to the president, who ultimately set the priority order and funding level that was incorporated into the 2007-08 budget. A total of \$1.5 million (five percent of the college's total budget of \$30 million) was allocated for critical need areas, including \$1.1 million for remedial support (pre-college courses, testing, tutoring, and counselling), \$150,000 to renovate classrooms and computer laboratories at VVC's two additional locations, \$70,000 for a full-time academic advisor for both additional locations, \$80,000 for technical support for online courses, and \$15,000 for professional development for faculty developing online courses.

A survey of all employees in 2005, in preparation for that year's review of the strategic plan, showed that 32% were dissatisfied with their understanding of the resource allocation process. As a result, the College community receives a summary of the results of the allocation process as a part of the regular reporting activity of the College Budget Committee. Interviews with faculty and staff during the visit confirmed that most find the summary easy to locate and easy to understand.

The College's internal capital budget planning process appears to be similarly transparent and collaborative. VVC's website shows that the Division of Administration and Finance creates, and makes available to the campus community on the web, an annual space inventory and assessment of deferred maintenance needs. Added to this information are the results of discussions, documented in minutes of the president's cabinet, among the academic, administrative and student life vice presidents to determine space requirements and requests. In an interview with the Vice President of Development, the team learned that he is kept apprised of these discussions so he can explore opportunities for external funding. The Vice President also explained that Valley View's priorities for capital improvements are forwarded to and reviewed by the state legislature along with those of the state's five other comprehensive institutions.

Standard 13: Related Educational Activities

The institution's programs or activities that are characterised by particular content, focus, location, mode of delivery, or sponsorship meet appropriate standards.

Summary of Evidence and Findings:

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Based on a review of the Self-Study, other institutional documents, and interviews with academic coordinators, the Team developed the following conclusions relative to this standard:

Basic Skills:

Under VVC's "open door" admissions policy, the college uses two locally developed basic skills tests in writing and math. The writing test, administered during new student orientation to all incoming students, asks students to write a brief essay that is evaluated independently by two faculty members for organisation, reasoning, style, and grammar/mechanics. Students with low scores are placed into one of two pre-college writing classes, Pre-College Writing or Intensive Pre-College Writing, while those with marginal scores are referred to the Tutoring in Writing Program, where they are tutored in marginal areas by tutors who are certified high school English teachers. Developmental Skills Centre staff monitors student attendance at the classes and tutoring sessions and follow up with those who fail to attend. According to a study by the English department, 79% of students who complete their prescribed classes or tutoring sessions and then register for First-Year Writing successfully pass that course.

The math test focuses on basic arithmetic skills (e.g., operations with whole numbers, use of fractions, use of decimals, etc.). According to the Developmental Skills Centre director, the math test is administered during new student orientation to all students at the main campus but not to students at VVC's two additional locations because of lack of resources at the sites. Students with identified deficiencies in any of the skills measured by the test are referred to the Tutoring in Arithmetic Program, where work-study students who have scored high on the same test give students with additional practice in the deficient area(s). Records from the past three years show that math tutorial sessions have been available every semester at the main campus but inconsistently at the additional locations. While the Developmental Skills Centre Director claimed in interviews that students who attend prescribed tutorial sections are very likely to pass a post-test, the team found no written documentation of actual rates.

Certificate Programs:

VVC offers a range of certificate programs that permit students to gain skills and credentials in specific career-oriented areas. The certificates are articulated with the associate and professional programs at the college (and through the associate, with the bachelor's) programs in a modular way. Thus, students who complete a certificate can transfer all academically appropriate credits into the corresponding professional or associate program. These articulations are explained on the websites of each certificate program. The college catalogue documents that all certificate programs have clearly defined objectives, requirements, and curricular sequencing, and the college governance manual makes clear that new certificate programs must follow the same review and approval process as new degree programs. A review of a sample of certificates' course syllabi confirmed that they follow the same standard college-wide format as syllabi in degree programs. The process and procedures to assess the certificates' student learning outcomes is similar to those of the associated programs.

Experiential Learning:

In accordance with its mission to provide access to higher education to working adults, VVC provides for the evaluation of knowledge or skills acquired outside of a higher education institution. The procedures to evaluate prior learning are clearly

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described in VVC's catalogue and website. Under the guidance of a faculty member with released time for this responsibility, students build a portfolio describing the acquired knowledge and skills and provide supporting evidence. The portfolios are assessed by the faculty in relevant disciplines, and the results of the assessment are reported to the registrar for notation on the student's transcript. The self-study notes that VVC does not have clearly articulated standards for evaluating portfolios and awarding credit, so assessments vary among the departments, sometimes leading to inconsistencies in the number of credits awarded. In reviews of a sample of portfolio evaluations, however, the team did not see any instances in which excessive or inappropriate credits were awarded.

Non-Credit Offerings:

According to its Continuing Education brochures, VVC offers about 30 professional review courses annually for people in licensed professions requiring continuing education to maintain their licenses such as accounting, insurance, and nursing. VVC also makes its educational services available to area businesses who have specialised needs for employee training (e.g., ESL, computer services). College budget documents show that these non-credit classes yielded approximately \$450,000 in net revenue in 2006-07. VVC has also been awarded \$80,000 in Federal funds to implement No Child Left Behind requirements for the non-credit training of teachers in reading, writing, and math pedagogies. VVC's catalogue states that non-credit courses may not be transferred into its degree or certificate programs.

Additional Locations:

The Hill Valley additional location, located two hours away from the campus in a more rural area of the state, offers six associate degree programs and five bachelor's degree programs whose curricula are identical to those at its main campus. The self-study notes that enrolment at the Hill Valley location has grown at a quick pace over the last three years, from 175 to 600 students, thus taxing its existing facilities and faculty. Enrolment growth has been especially great in the nursing program, resulting in an acute shortage of courses and staffing. The self study notes that this situation is symptomatic of the shortage of nursing faculty in the area coupled with a high demand for nurses. In interviews, faculty who teach at the site reported that students at Hill Valley often cannot find enough open classes to be able to complete their degrees in a timely fashion. VVC does not maintain separate retention and graduation statistics for Hill Valley students.

According to the provost, the college plans to recruit additional adjunct faculty and is negotiating with a nearby facility to expand and add classroom and lab space. Two part-time onsite administrators oversee financial aid, personal counselling, and academic advisement for students at this location. Registration and admissions services are provided online and on site at the beginning of the term using staff from the main campus. Services are comparable to the services provided at the main campus, but the increased growth has placed a strain on the onsite administrators.

The self study notes that the library facilities at Hill Valley are small, but an online library catalogue allows students to search the college's full database and request books from the main campus. In interviews, faculty in career preparation programs reported that key technical journals in their disciplines are available online. The library is staffed by a part-time paraprofessional librarian, with work study students providing library coverage at other times. Because of the limited staff, library hours are limited but a 2006 survey of students found them adequate to the demand. A small computer lab is available at the library, but access is limited by the library hours and the same survey showed that the number of workstations available is not

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enough to accommodate student demand.

The South City site is located in a private high school in an economically oppressed urban area about 30 minutes from VVC's main campus, providing commendable access to working class low-income students in the neighbourhood. In Fall 2006 it enrolled 80 students in two evening associate degree programs in business administration and communications. According to the self-study, one office has been set aside for VVC use, and the site does not have space for faculty to meet with students. The classrooms used by VVC are shared with the high school. Faculty teaching at the site reported in interviews that this causes delays at the beginning of classes, because the rooms are not properly arranged and equipment has to be brought out from a locked storage area.

VVC's library director reports that the high school library has designated an area for the college to use, but it is small and access cannot be limited to college students, making the college hesitant to keep many volumes there. Students have to request that books from the main campus to be delivered to the site, which delays access. One of the high school librarians has been contracted part-time to be available in the evenings for the college students and provide information literacy instruction.

The high school's computer lab is used by VCC, but in an interview the site director noted that its equipment is outdated and often inoperable. Many of the students at the site require tutoring, but VVC has difficulties finding sufficient tutors for the number of students enrolled.

The team did not find evidence that the institution has systematically assessed the effectiveness of its additional locations, student learning outcomes at these sites, or the impact of operating these locations on the programs and services of the main campus.

Distance Learning

VCC offers an online degree completion program in business administration that now enrolls an average of 45 students per semester. The strategic plan includes a goal to grow this program aggressively over the next five years as part of its mission of offering access to working adults. The self-study made only brief mention of the program, but upon request, further information was made available during the visit:

- A review of a sample of syllabi for online courses showed that they are similar in content and rigor to campus courses.
- The program coordinator explained that, because the college has online registration and online access to the college library and online journals, students in the program had comparable access to these areas. She further explained that academic advisement and counselling is offered through email, but typically many of the students taking the program do not use the service. Books can be ordered from the university bookstore, but because many of the students are located in distant parts of the state and the college uses economical ground shipping, some of the books do not get to the students on time.
- Some of the faculty who teach in the program advised the team in interviews that there is limited technological support and that software, network, and hardware problems have delayed or interfered with courses. Many of the faculty complained that little training is offered on how to use the equipment before they begin teaching the online courses. The 2007-2008 budget shows that resources have been allocated to address these concerns.

The team found no evidence of assessment of the online program's effectiveness or

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its impact on VVC's other programs and services. The program director explained in an interview that students submit an online course evaluation, but she could not provide evidence that the results of the evaluation are being systematically reviewed or used.

Contractual Relationships

Valley View College has a contractual agreement with Tele-Training, Inc., in which VVC offers for VVC credit five online courses developed and delivered by Tele-Training. The courses are offered only to admitted and registered VVC students. Department minutes show that appropriate VVC faculty reviewed and approved the curriculum of each course before the contract was signed. The team did not find any evidence, however, that VVC faculty monitor the courses or that they have reviewed the criteria Tele-Training uses to evaluate the academic rigor of the courses or actual student learning.

Standard 14: Assessment of Student Learning

Assessment of student learning demonstrates that, at graduation, or other appropriate points, the institution's students have knowledge, skills, and competencies consistent with institutional and appropriate higher education goals.

Based on a review of the Self-Study, other institutional documents, and interviews with faculty and administrators, the Team developed the following conclusions relative to this standard:

Summary of Evidence and Findings:

Program-Level Assessment

The institution has a student learning outcomes assessment plan that provides a concise set of guiding principles and clearly states that the purpose of assessment is to improve student learning. The plan calls for each department to identify an annual assessment project addressing either a course or a degree program and complete an institutional template reporting on the completed project. The plan was finalised nine months before the team visit, and virtually no projects appeared to be underway at the time of the team visit. The sole exception was the nursing program, whose 2006 NLN re-accreditation self study and team report substantiate that it has an excellent assessment program, as required for its specialised accreditation, which could serve as a model for many other academic programs.

Program-level learning outcomes for a few academic programs have been articulated within internal working documents, but program-level student learning outcomes are not provided in the college catalogue or other widely available media. The institution's course syllabus template includes a section for student learning outcomes, but most of the syllabi examined by the team did not follow this template and did not include course-level student learning outcomes.

When course- or program-level learning outcomes have been articulated, they are often not clear, measurable, or expressed as outcomes. For example, one program-level goal is "To prepare students for successful careers," and one course-level goal is "To assist students in developing communication skills."

Institutional-Level Assessment, Including General Education

Institutional-level assessment consists of a survey of student satisfaction conducted in 2005 by the Office of Institutional Research and an assessment of writing

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competence at the end of first-year writing courses conducted annually by the English faculty. The self study reports that about 85% of students are writing at the level the English faculty expect, and in interviews they reported that they are satisfied with this outcome. The Director of Institutional Research said in interviews that the survey revealed that biggest area of student dissatisfaction is with their math courses, but his workload has prevented him from formally disseminating this or other findings. Beyond these two assessments, the team found no evidence of systematic assessment of student achievement of neither the institution's ten general education goals nor any plans to do so.

The ten general education goals, developed by the faculty in 1998, have not been reviewed or modified since then. In a review of a sample of general education course syllabi, the team found no clear, coherent relationship between program-level goals and course-level goals. It is not clear, for example, which general education courses and requirements (if any) are designed to develop information literacy skills, one of VVC's general education goals. It appears likely that many students could complete all their general education requirements without achieving this or some of the college's other general education goals.

Support for and Coordination of Student Learning Assessment

While the institutional student learning outcomes plan calls for hiring a full-time assessment coordinator, in interviews the team found great uncertainty among faculty and administrators about whether this will happen. One senior administrator indicated that there is no "new money" to support the creation of any additional full-time positions beyond those in the priority areas identified by the strategic plan.

Six months before the team visit, the institution established an ad hoc assessment committee composed primarily of faculty and co-chaired by two faculty members. Recently, one of the co-chairs and three committee members resigned, citing lack of time to fulfil this responsibility.

A series of assessment workshops were offered for faculty about four years ago but none has been offered since.

8. Discussion

Discussion: Compiling and Disseminating Reports

1. Look at the website of a quality assurance agency in your country and also the websites of agencies in two other countries in your region and consider the following questions:
 - What is their policy about publication of review reports?
 - Do you think the policies are appropriate in each case? Why? Note: You may need to look at agencies' overall policies on conduct of reviews or work out for yourself what it might be in the context of other information on the websites.
2. Imagine you are a staff member who is supporting a review activity for which the 4 day site visit will occur in one month. Develop a timetable for compiling a review report taking account of the agency's internal processes and the need to involve the team in the drafting and 'sign-off' process. You need to identify a hypothetical date on which the report will go to the board of the agency for approval. Set out dates for each step.

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9. Summary

This topic covered the following main points:

- The outcomes of a review will vary in substance and scope depending on the nature of the review exercise.
- Examples of the kinds of outcomes from EQA activities include:
 - Audit results that include commendations, affirmations and recommendations
 - Potential QAA conclusions focused on good practice and recommendation for improvement
 - Accreditation outcomes for example based on 6 possible conclusions from ACCSCT
 - An outcome statement where a program has to meet its stated objectives and the local Qualifications Framework standard
- Different agencies use a variety of strategies for compiling the review report
- A report may either be kept confidential or made publicly available but there is a trend towards publishing in the interests of accountability and transparency
- Internationally, many agencies disseminate reports in recognition of the importance of openness and transparency as 'best practice'.