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**Extract from the report of the managing director of the AHPGS e.V. on the "Surveillance mandate according to § 2 para. 1 no. 4 Accreditation Foundation Act (ASG)" and quality management (presented to the General Assembly 2016)**

On the basis of all available data, the managing director has prepared a quality report on the work of the AHPGS, from which some excerpts are to be presented here. A distinction is made between external and internal quality assurance.

Part 3, the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), adopted by the Conference of European Ministers of Education in Yerevan (14-15 May 2015), sets out the standards and guidelines for quality assurance agencies.

It states under (1) Quality assurance activities, policy and procedures: *"Agencies regularly carry out the external quality assurance procedures described in Part 2 of the ESG. They pursue understandable and explicit intentions and goals that are part of their published mission statement and that determine their daily work. Agencies shall ensure that their structures and work involve stakeholders."*

Under (6) "Internal quality assurance and professionalism" it is stated that *"agencies shall have procedures for internal quality assurance which relate to defining, ensuring and improving the quality and integrity of their operations"*.

And (7) 'Periodic external review' means *'Agencies shall undergo an external review at least every five years to demonstrate their compliance with the ESG'*.

In accordance with its own quality standards, the AHPGS fulfils the applicable requirements and criteria of the Accreditation Council and the "Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)".

The AHPGS has a "System for internal quality management", which was approved by the board of directors on 25.05.2009 and published on the website, for the continuous monitoring of the quality of the work performed, which is based on its mission statement.

In the following, the main results of the measures implemented for external and internal quality assurance are presented for the financial year 2015.

### **B.1 External quality assurance by the Accreditation Council**

The Accreditation Council decided for the first time on 21.09.2006 (last amended on 25.02.2014 (AR35/2014) measures for the supervision of accreditations carried out by the agencies.

"In fulfilment of the legal obligation to monitor the accreditations according to § 2 para. 1 No. 4 of the Accreditation Foundation Act (ASG), which are carried out by the agencies, the Accreditation Council carries out the following monitoring measures. As a rule, the Accreditation Council commissions the Foundation's office to carry out the examination and the Executive Board to decide on the procedures.

#### **(1.) Incidental monitoring**

In the event of concrete indications of deficiencies in the implementation or decision of procedures for programme or system accreditation or at the request of an agency, the Accreditation Council shall carry out occasion-related surveillance.

#### **(2.) Regular monitoring**

The Accreditation Council monitors the programme and system accreditation procedures carried out by the agencies.

## **B.2 Results**

### **B.2.1 Occasional monitoring**

Fortunately, there was no reason to review the accreditation procedures of the AHPGS in the financial year 2015.

### **B.2.2 Regular monitoring**

#### **B.2.2.1. report on process monitoring (programme accreditation)**

##### **the AHPGS**

On 28.04.2015, the Accreditation Council provided procedural support for the re-accreditation [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

is carried out.

In the final report of the Accreditation Council of 21.07.2015 it was stated, among other things

"The cooperation with the agency was pleasant and left nothing to be desired ... The conduct of the procedure appeared to be routine, the accompanying speaker held back and took on the role of a minute-taker and observer. She was able to provide competent information when asked by the expert group. If, in the internal meetings, she noticed that a question had not yet been discussed, she reminded the expert group of this, but always remained value-neutral.

The "conclusion of the monitoring of the proceedings" was

The procedure was carried out professionally and, from the perspective of process support, fulfilled its purpose, namely to assess a study programme to determine whether re-accreditation can be granted.

The expert group was well chosen, which contributes to the substantial success of such a procedure. The evaluators had solid knowledge of both the study programmes to be evaluated and the applicable regulations.

Overall, the process facilitator gained a very positive impression of the process at [REDACTED]

#### **B.2.2.2 Thematic sample:**

To carry out a topic-related random sample, the Accreditation Council selected a completed procedure of the AHPGS for the examination of questions on "franchising". For this purpose, documents of the AHPGS for the accreditation of a [REDACTED] [REDACTED] ) were examined.

In the final report of the Accreditation Council it was stated, among others

The Agency has essentially taken appropriate account of the special features of franchise or cooperative courses of study, with one important exception.

The resolutions of the Standing Conference of the Ministers of Education and Cultural Affairs of the Länder in the Federal Republic of Germany (KMK) on the "crediting of knowledge and skills acquired outside higher education towards a university degree" from the years 2002 (Resolution I) and 2008 (Resolution II) have not been correctly taken into account by the Agency. This is because, although non-university education falls within the "domestic franchising" defined therein, it was not evaluated on this basis.

In view of the ongoing discussion on this topic, the Accreditation Council refrains from obliging the agency to revise its accreditation decision (see section 4.2 below for the reasons). The Agency may continue its current practice for the time being, until otherwise notified.

On this basis, the Accreditation Council concludes the review procedure. No further action by the Agency is required.

In the accompanying letter of 13.8.2015 it was further explained This topic will soon be discussed in principle by the Science Council and the Länder.

### **B.2.2.3 Feedback discussion of the Accreditation Council with a higher education institution on its experience with agencies in the implementation of accreditation procedures**

Justification: "The discussions between the Accreditation Council, agencies and universities on completed programme accreditation procedures should serve to obtain feedback on accreditation practice and, above all, on the perceptible effects of accreditation on study quality. The Accreditation Council has the statutory task of "monitoring the accreditations carried out by the agencies"; with the feedback meetings it involves the universities in this task for the first time".

The feedback meeting was held on 22.09.2015 at the [REDACTED]

Excerpts from the final report of the Accreditation Council:

"The university emphasized that it was very satisfied with the work of the AHPGS throughout. The AHPGS was chosen primarily because the agency has extensive expertise in the field of health and social affairs. When selecting the experts, the AHPGS did not only consider the professional requirements, but also the necessary knowledge in the field of distance learning..."

"...The procedures had been well prepared and professionally accompanied by the agency. These positive impressions deviated considerably from the experiences that the university had made in previous procedures with other agencies.

"According to the university, the quality of the procedure depends directly on the specific expertise and professionalism of the designated experts.

In the university's opinion, the experts in the procedures for the re-accreditation [REDACTED] were not only familiar with the specifics of online programmes, but had also distinguished themselves through their interest and open-mindedness with regard to the programme concepts developed by the universities.

The professional understanding of the role of the experts was emphasised by the university just as positively as the function of the professional practitioners represented in the expert group, who in principle represented a valuable enrichment of the accreditation procedures.

A further quality feature was considered to be the avoidance of identical expert groups for initial accreditation and re-accreditation in the sense of the diversity of perspectives and experiences of accreditation".

#### **B.2.2.4 Support of the Accreditation Council in procedures for**

##### **System accreditation of universities**

###### **B. 2.2.4.1 Procedure for system accreditation of the**

**by the AHPGS**

Excerpts from the final report of the Accreditation Council:

"The report is conclusive. It identifies strengths and weaknesses of the university's quality management system and thus supports its quality development. In particular, the summary presentation of the quality management system preceding the assessment in detail is exemplary. She was... is suitable to support the competent accreditation commission in its decision-making process and facilitates information about the quality management of the university for external readers".

"In the first system accreditation procedure carried out by the agency, it acted professionally and was able to recruit well qualified experts. The agency staff ensured that the inspection went off without a hitch. Questions from the experts could always be answered competently.

###### **B.2.4.2 Procedure for System Accreditation of**

**by the AHPGS**

Excerpts from the final report of the Accreditation Council:

"The accreditation procedure that was accompanied was characterised by an open and cooperative atmosphere between all those involved and also towards the guests from the Accreditation Council. It was professionally prepared and accompanied by the agency's office. In addition to the supervising speaker, a member of the board of directors of the AHPGS e.V. participated in both inspections, which was positively received by the expert group.

In summary, a very positive summary can be drawn with regard to the implementation and quality of the accreditation procedure. "

## **C. Internal quality management of the AHPGS**

### **C.1 Specifications of the Accreditation Council:**

"The Agency shall operate continuously a formalised internal quality management system capable of assessing the effectiveness of the internal control processes and of ensuring assurance and continuous improvement of the quality of its activities. It is publicly accessible and includes systematic internal and external feedback processes.

### **C.2 Results:**

For 10 years now the AHPGS has been checking the satisfaction of its customers (i.e. the commissioning universities) as well as of the experts with a questionnaire survey, related to the programme accreditation procedures carried out in the respective financial year. To ensure comparability of the results, the same questionnaire is always used. The closed questions are provided with a scale on which the respective answer can be ticked. Some open questions are foreseen to formulate suggestions for improvement.

The time allowed for replies is 2 weeks. The response rate is recorded, with the expectation that it should be above 60%. Statistical mean values are calculated and compared with each other for the evaluation. A significance test is waived for deviations below a value of 0.5.

The results are summarized and discussed by the employees of the office and the committees of the AHPGS in order to regularly check the quality of the work done and to identify approaches for targeted improvement measures. The PDCA cycle is the guiding principle here.

Accordingly, at the end of 2015, all universities with which accreditation procedures had been carried out this year were again sent an email asking them to complete our questionnaire.

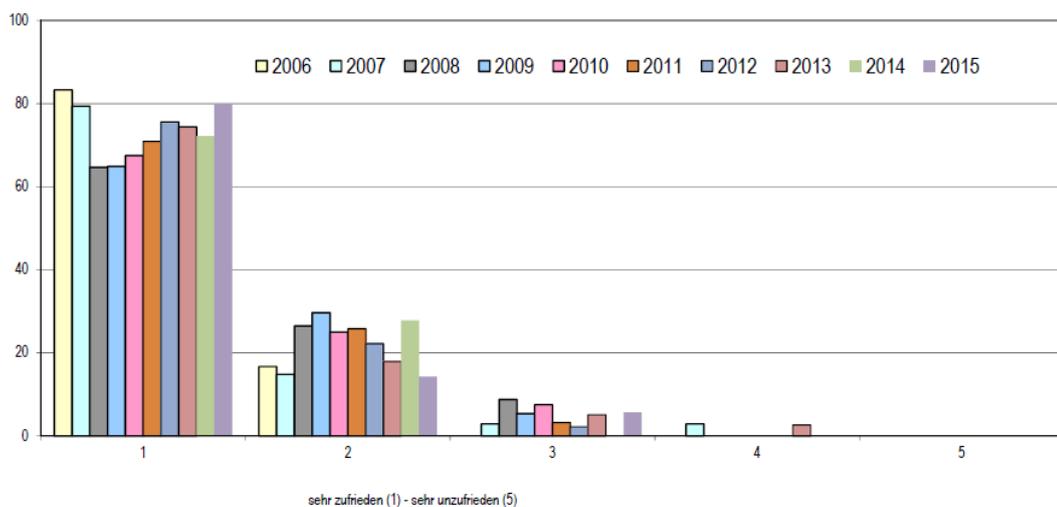
#### **C.2.1 Customer satisfaction (universities)**

The results of the survey are presented in detail in the Working Report 2015 of the Managing Director and the Executive Board, with reference to the individual questions, and compared with the previous year's data. 56 universities/program managers were written to and asked to answer a questionnaire in writing. A total of 37 universities/college administrators returned a completed questionnaire by the specified deadline. This corresponds to a response rate of 66 %.

It was found that the mean values are consistently very positive, positioned between 1 and 2 on the specified 5-digit scale. More meaningful is the presentation of the percentages for the scale values over a period of 10 years in bar charts.

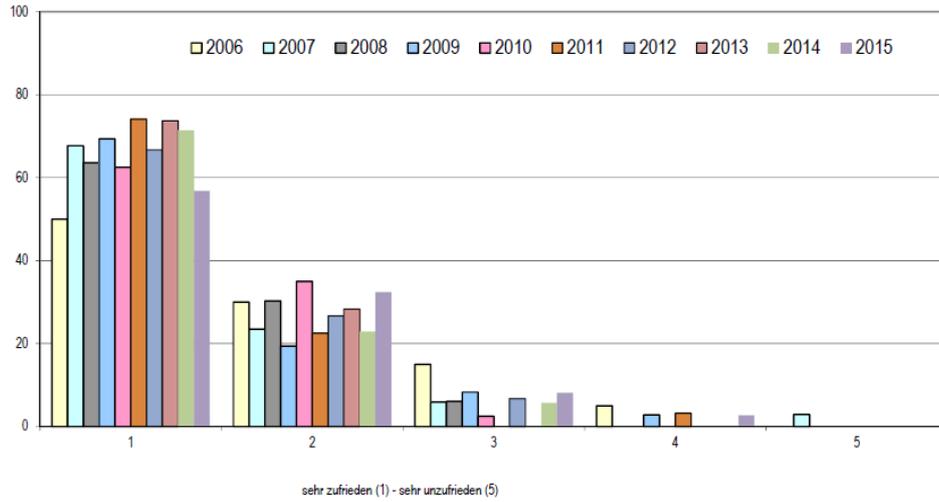
## Befragung der Hochschulen

Zufriedenheit mit der Betreuung durch die Geschäftsstelle während des Verfahrens



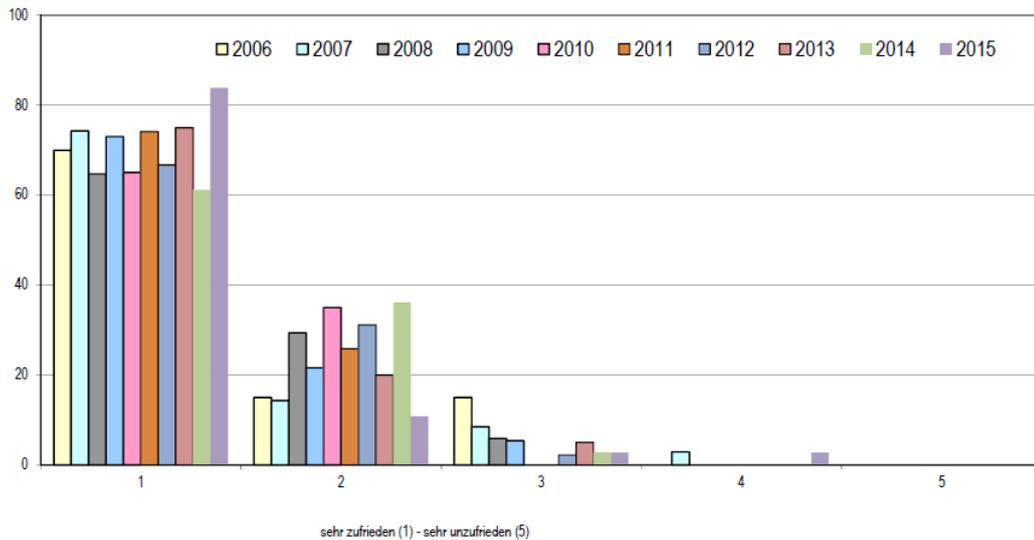
# Befragung der Hochschulen

## Zufriedenheit mit dem Ablauf der Vor-Ort-Begutachtung



# Befragung der Hochschulen

## Zufriedenheit mit der Durchführung und Organisation des Verfahrens durch die Geschäftsstelle

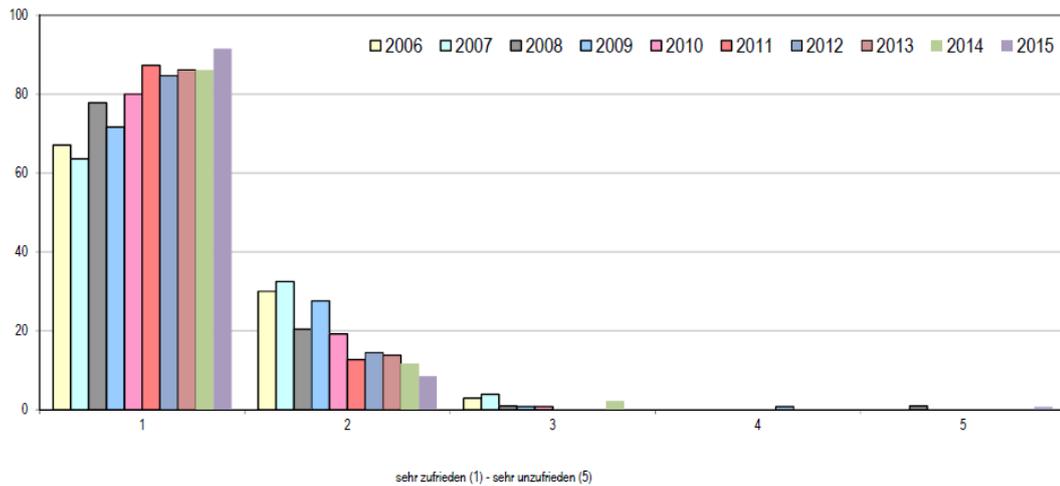


### **C.2.2 Satisfaction of the cooperation partners (evaluators)**

The 254 experts involved in the 2015 accreditation procedures of the AHPGS were contacted. 152 responded within the given 2 weeks. The return rate is thus 60%.

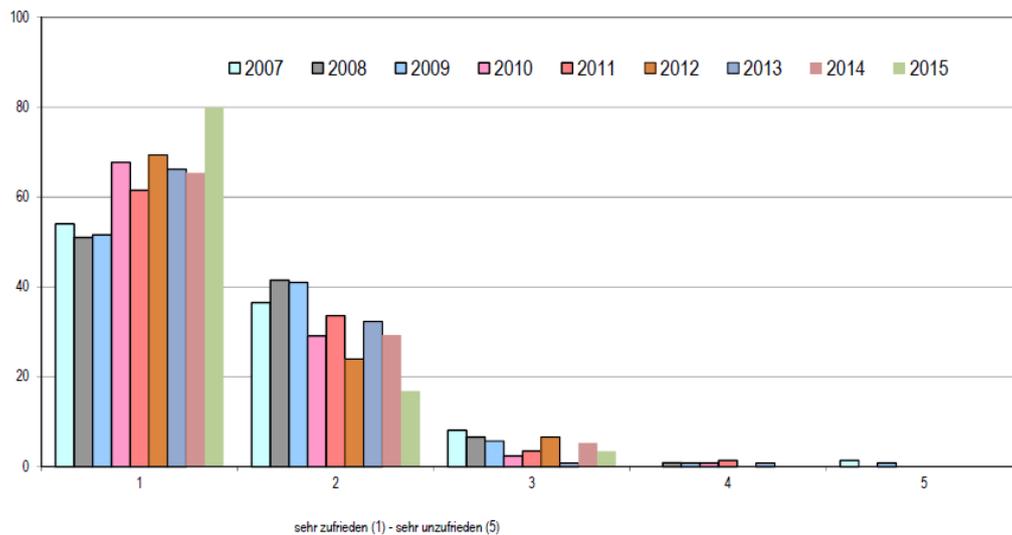
# Befragung der Gutachtenden

## Zufriedenheit mit der Organisation der Vor-Ort-Begutachtung



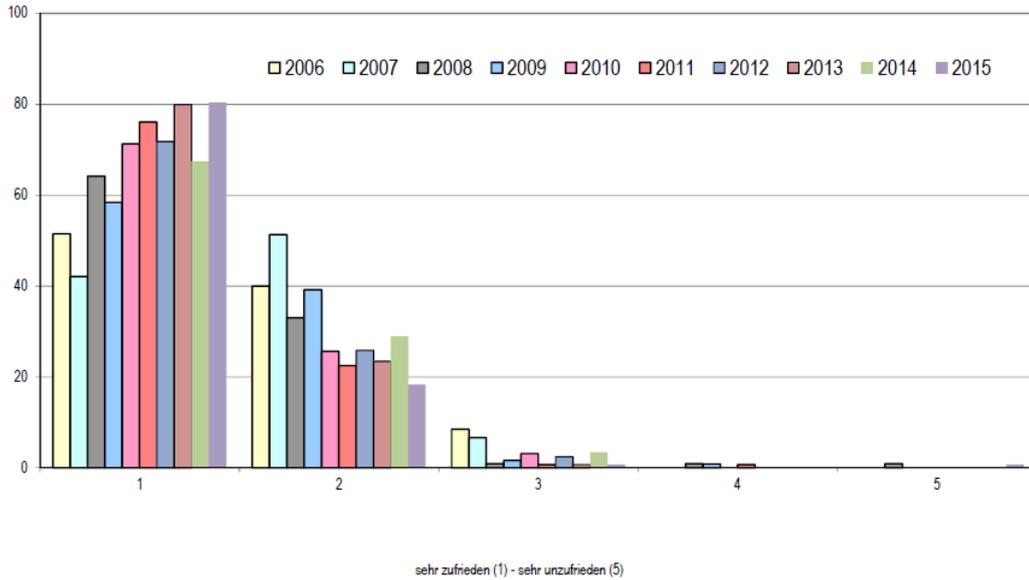
# Befragung der Gutachtenden

## Zufriedenheit mit den Gutachterinformationen



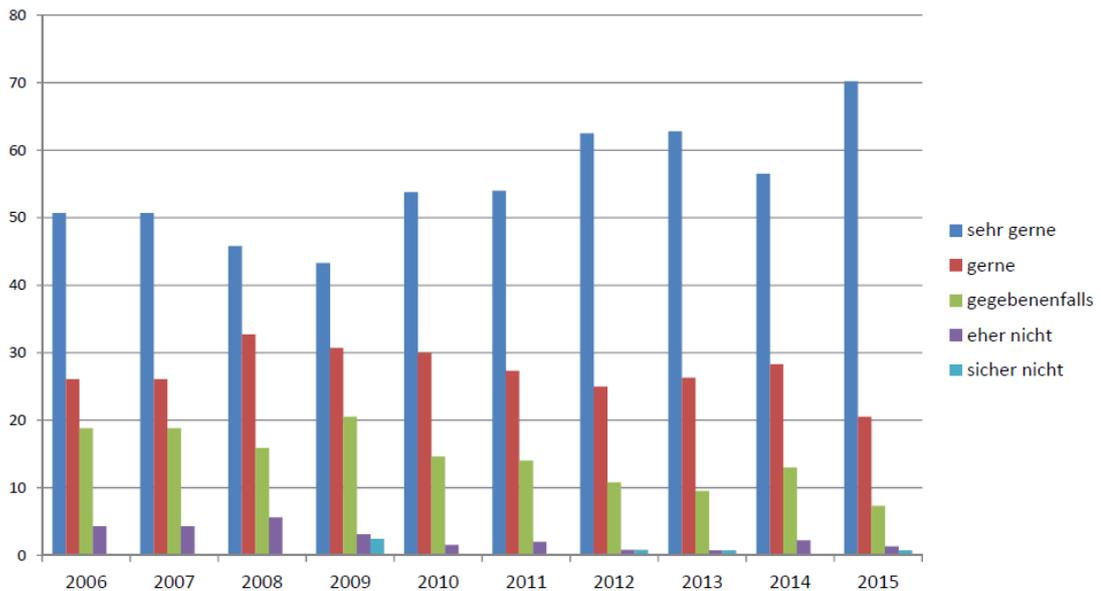
# Befragung der Gutachtenden

## Zufriedenheit mit dem Ablauf der Vor-Ort-Begutachtung



# Befragung der Gutachtenden

„Würden Sie gerne an weiteren Akkreditierungsverfahren der AHPGS als Gutachter/-in teilnehmen?“



### **C.2.3 Complaints by the cooperating universities**

In the financial year 2015, no complaints were submitted - neither to the offices nor to the committees of the AHPGS - by the commissioning universities about the accreditation procedures carried out.

### **C.2.4 Complaints by the assessors involved in accreditation procedures**

In the business year 2015 neither the offices nor the committees of the AHPGS received any complaints from the experts involved in the accreditation procedures.

### **C.2.5 Submission/acceptance of re-accreditation procedures to/from other agencies**

Of the 110 programme accreditation procedures carried out in 2015, 37 were re-accreditations. 9 pending procedures were lost, as the universities no longer had any need due to system accreditation procedures.

All in all, it can be stated that the vast majority of the universities commission the agency of the previous accreditation for upcoming re-accreditations.

One aim of system accreditation is that more and more universities should carry out the quality assurance of their study programmes themselves. The extent to which this political goal will be achieved cannot be predicted at present.

## **D. Consequences:**

The results of the internal and external quality assurance measures carried out in the 2015 financial year in accordance with the rules show that it has once again been possible to meet the high quality standards set by the AHPGS itself.

The results of the measures taken by the Accreditation Council for the external review of the accreditation procedures carried out by the AHPGS confirm a high quality standard in the preparation, process support and evaluation of

procedures for programme accreditation of study programmes, as well as in procedures for system accreditation of higher education institutions.

Accordingly, the positive results of the past years could be confirmed in the internal quality assurance measures carried out in accordance with the rules. The commissioning universities state that they like to work together with the AHPGS, because the AHPGS (also in comparison with other agencies) has special competences and experiences concerning study programmes in the field of health and social affairs. In addition, the cooperating universities assess the support in the preparation, selection and supervision of the expert group as well as the expertise of the final evaluations by the accreditation commissions as extremely positive.

The high satisfaction values of the assessors involved in the accreditation procedures are also very pleasing; after all, their professional competence and commitment are decisive for the quality of the on-site assessments.

The deficiencies and misunderstandings that could never be completely avoided in the implementation of accreditation procedures were carefully registered, discussed in the responsible committees and used as far as possible to improve procedures.

The Monitors of the Accreditation Council noted in this context are discussed by the committees of the AHPGS (executive committee, Accreditation Commission Program Accreditation, Accreditation Commission System Accreditation) as well as the staff (in the context of the weekly staff meetings) and are used to optimize the work of the AHPGS.