ACPUA'S PROGRAMME FOR THE RENEWAL OF INSTITUTIONAL ACCREDITATION

Self-evaluation report

Approved by the Commission for Evaluation, Certification and Accreditation (CECA)

31 January 2025

The purpose of this framework document is to provide the institute with a report template in which it can self-assess itself in relation to the ACPUA evaluation protocol criteria for the renewal of institutional accreditation. The self-report must reflect the current situation of the centre in relation to the assessment criteria and, in turn, explain how it has evolved since the last external assessment process by identifying the improvements implemented on the basis of the results of the IQAS that have had the greatest impact on its development and performance during the period between two accreditations.

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1. CENTRE DATA

University (if applicable):	
Centre:	
Director - Dean of the centre:	
Date of approval Self-report:	
Self-report approved by:	

2. SELF-ASSESSMENT REPORT

DIMENSION 0: CURRENT STATUS OF THE SIGC[1]

Criterion 0.1: IACS management

Standard:

During the period under evaluation, the centre has had the necessary resources for the optimal management of its IQAS, maintaining the organisation and structure defined in the documentation and with an organisation chart of responsibilities that has allowed for adequate management, active participation and fluid communication with stakeholders.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 0.1.1: The institute's and/or university's governing body **has resourced** the institute for the management and maintenance of the IQAS.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 0.1.2: **All elements of the IACS** defined by the system documentation (quality manual, quality policy and objectives, process map, procedures, scoreboard, review process, bodies, etc.) have been maintained.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

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[1] It will only be evaluated in those centres in which, at the time of applying for the renewal of institutional accreditation, the certificate of implementation of their IQAS has expired. For those institutions that at the time of applying for renewal of institutional accreditation have a certificate in force, this dimension will not be evaluated and therefore this section should not be completed.

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 0.1.3: **The** IACS **documentation management system** has enabled efficient and systematic control of the documents, data and records generated.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 0.1.4: The institution has encouraged the **active participation of** stakeholders in IQAS management and decision-making through their involvement in bodies such as, for example, the Quality Committee or equivalent.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 0.1.5: The **complaints, incidents and suggestions management process** has evolved over time, has proven its effectiveness and has provided useful information for the definition of actions for the improvement of the centre.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of implemented improvements:

Identify a maximum of five improvements implemented in the management of the Internal Quality Assurance System since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 0.1: IACS management:

☐	A. Outperforms excellently
☐	B. It is reached
☐	C. Partially achieved
☐	D. Not reached

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Criterion 0.2: IACS review and improvement

Standard:

The institute has periodically implemented processes for the monitoring, review and improvement of all processes and elements of its IQAS with the participation of stakeholders, demonstrating the effectiveness and adequacy of the system and compliance with external certification requirements. Since the review process the IQAS has evolved to meet the needs of the centre.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 0.2.1: The institute has **periodically reviewed its quality policy**, encouraging the participation of stakeholders in the debate on its adequacy and relevance and, where appropriate, in the approval of new versions.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 0.2.2: The institute has carried out a **formal, regular and planned review** of its IQAS to assess its operation and effectiveness and to check the degree of compliance with external certification requirements, and there is evidence that improvements to its operation have been identified.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 0.2.3: The centre has carried out **regular internal audits** to check the level of compliance with the IQAS in all operational areas and to identify possible actions for improvement.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 0.2.4: The institute has conducted a **formal analysis of the recommendations** of internal and external System reports and subsequent follow-up, where appropriate, on their implementation.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in the IACS review and improvement process since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 0.2: Review and improvement of the IACS:

	A. Outperforms excellently
	B. It is reached
	C. Partially achieved
	D. Not reached

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DIMENSION 1: STRATEGIC PLANNING

Criterion 1.1: Strategic planning

Standard:

The institute has its own strategic plan/director plan or an action plan aligned with the university's strategic plan, on the basis of which the actions for the management of the institute during the period under evaluation have been programmed. The strategic plan has been defined on the basis of a study of the current and future needs and expectations of the environment and with the participation of stakeholders. The strategic objectives have been monitored periodically.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 1.1.1: The institute's strategic plan (or similar) is **aligned with the main axes of its quality policy** and with the university's strategic plan and has been defined with the **participation of** stakeholders.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 1.1.2: The strategic plan takes into account the guidelines set by **external references** such as the 2030 Agenda.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 1.1.3: The strategic plan has been rolled out in annual plans for which **specific objectives** have been defined and are reviewed periodically. The objectives have associated **indicators and targets** so that the degree to which they are being achieved can be analysed.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in the management of the strategic plan since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 1.1: Strategic planning:

☐	A. Outperforms excellently
☐	B. It is reached
☐	C. Partially achieved
☐	D. Not reached

DIMENSION 2: DESIGN AND EVOLUTION OF THE TRAINING OFFER

Criterion 2.1: Development of the training offer

Standard:

In line with its strategic planning and together with its stakeholders (especially employers), the institution has periodically reviewed its training offer, both official and lifelong learning qualifications, using the data and information available to it to plan adjustments to the offer according to needs and the environment.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 2.1.1: The **development of the training offer** is linked to the strategic plan of the institution.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 2.1.2: The **review of the training offer and the prospective** of new degrees has been carried out with the participation of stakeholders.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 2.1.3: Where appropriate, the **identification of degree programmes to be terminated** has been made on the basis of the analysis of the data collected on places/enrolment, student satisfaction and learning outcomes, and the procedure for termination has been properly implemented, ensuring the rights of the student body.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in the training offer since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

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Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 2.1: Evolution of the training offer:

☐	A. Outperforms excellently
☐	B. It is reached
☐	C. Partially achieved
☐	D. Not reached

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Criterion 2.2: Design, review and update of training programmes

Standard:

The procedures for the design, approval, periodic review and, if necessary, modification of the educational programmes of the centre have been carried out efficiently, guaranteeing the participation of the stakeholders, especially the student body, allowing for the maintenance of an updated educational offer.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 2.2.1: The **process of designing and approving** new degrees has taken into account the participation of stakeholders, the needs and expectations of the environment and future labour market trends.[2]	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 2.2.2: The **monitoring process** of the degrees taught at the faculty has been carried out as established by the IQAS, with the participation of stakeholders. The improvements implemented in the training programmes have been analysed to ensure their effectiveness.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 2.2.3: Where appropriate, the institution has analysed the **external reports** received and has acted appropriately on the relevant degree programmes, implementing the necessary improvements and monitoring their effectiveness once implemented.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of implemented improvements:

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[2] If the centre offers double degrees, it must comply with the provisions of RD 822/2021, article 24: "The governing bodies of the university or universities involved, following a mandatory and favourable report from their own internal quality systems -or from the centre or centres involved-, shall approve a document that explains the training project of these double degree programmes, the syllabus resulting from the specific itinerary, the essential knowledge and competences to be achieved, the internships and the model for the recognition of subjects between the degrees involved".

Identify a maximum of five improvements implemented in the training programmes since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 2.2: Design, review and update of training programmes:

	A. Outperforms excellently
	B. It is reached
	C. Partially achieved
	D. Not reached

DIMENSION 3: DELIVERY OF TRAINING PROGRAMMES

Criterion 3.1: Pre-information, admission and enrolment processes

Standard:

The procedures for prior information, admission and enrolment have been applied in accordance with the different regulations and have evolved towards improvement, demonstrating their effectiveness in meeting the needs and expectations of the student body and in optimising the centre's resources.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 3.1.1: **Prior guidance** is effective and the information disseminated is accurate to the reality of the institution. For example, in order to assess the effectiveness of the guidance process, the causes of drop-out are analysed and improvements are implemented where necessary.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 3.1.2: **Admission processes** for the degrees taught by the faculty are carried out in accordance with the regulations and the provisions of the verification reports.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guidelines 3.1.3: In those degrees in which there are **training complements**, their effectiveness is analysed on the basis of the results obtained by the students.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guidelines 3.1.4: **Credit recognition** processes are carried out in accordance with what is established in the regulations and in the verification reports, analysing their suitability.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in the pre-information, admission and enrolment processes since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 3.1: Prior information, admission and enrolment processes:

	A. Outperforms excellently
	B. It is reached
	C. Partially achieved
	D. Not reached

Criterion 3.2: Student orientation

Standard:

The academic, personal and professional guidance procedures for students have evolved according to the entry profile and the demands of the labour market.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 3.2.1: The **academic and personal orientation** of the student body is reviewed and evolves according to individual needs and the characteristics of the current entry profile.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 3.2.2: **Career guidance** for students is reviewed and adjusted according to individual and collective needs and labour market trends in terms of professional profiles.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in student guidance since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 3.2: Student orientation:

☐	A. Outperforms excellently
☐	B. It is reached
☐	C. Partially achieved
☐	D. Not reached

Criterion 3.3: Implementation of teaching, learning and assessment strategies

Standard:

The teaching, learning and assessment methodologies have evolved, based on the data collected by the IQAS in the degree monitoring process, in order to facilitate the achievement of the learning outcomes foreseen in each degree programme offered by the centre.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 3.3.1: **Teaching, learning and assessment methodologies** are periodically reviewed to ensure their continuing relevance to the intended learning outcomes and the needs of the student body, and any necessary improvements are implemented. Student satisfaction and degree outcome indicators are taken into account in the review.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 3.3.2: **Teaching innovation projects** result in the implementation of improvements in teaching, learning and assessment methodologies.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 3.3.3: The faculty **monitors** students' external **placements** to ensure that they are in line with the student profile and contribute to the learning outcomes envisaged by the degree programmes. The monitoring takes into account the satisfaction data of students and companies and/or institutions.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 3.3.4: The faculty **monitors** the international **mobility programmes** of the degree programmes. The monitoring takes into account student satisfaction data in order to improve and, if necessary, extend the range of destinations.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of implemented improvements:

Identify a maximum of five improvements in teaching, learning and assessment strategies implemented since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 3.3: Implementation of teaching, learning and assessment strategies:

- [ ] A. Outperforms excellently
- [ ] B. It is reached
- [ ] C. Partially achieved
- [ ] D. Not reached

DIMENSION 4: PERSONNEL MANAGEMENT AND DEVELOPMENT

Criterion 4.1: Academic staff management

NOTE: This criterion will be considered fulfilled (and therefore will not be assessed) if the University has a teaching evaluation system whose implementation is certified within the DOCENTIA programme.

Standard:

The faculty has had adequate and sufficient academic staff to attend to the teaching offer during the period between accreditations. Where appropriate, the faculty has established training actions aligned with the new developments to be incorporated into teaching (dual training, distance learning, assessment of transversal competences, Agenda 2030, attention to diversity, etc.).

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 4.1.1: The centre's **decision-making processes** concerning the management and improvement of academic staff are based on the analysis of relevant evidence, data and indicators.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 4.1.2: The **processes of evaluation and improvement of the teaching activity** have resulted in increased satisfaction of the student body as the main stakeholder group.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 4.1.3: **Faculty training** is aligned with the characteristics of the training offer (where necessary, the institution addresses training needs in distance learning, dual teaching, Agenda 2030, transversal competences, etc.). The effectiveness of the training received by academic staff and its impact on the quality of teaching and the achievement of learning outcomes is actively measured.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 4.1.4: The school encourages the **participation of teaching staff in innovative teaching projects.**	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in academic staff or management since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 4.1: Academic staff management:

	A. Outperforms excellently
	B. It is reached
	C. Partially achieved
	D. Not reached

Criterion 4.2: Management of teaching support staff

Standard:

The centre has had adequate and sufficient teaching support staff to meet the needs of the degrees and the different services of the centre during the period between accreditations.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 4.2.1: The school's decision-making processes concerning the management and improvement of teaching support staff are based on the analysis of relevant evidence, data and indicators.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 4.2.2: The **processes of evaluation and** improvement of teaching support staff have resulted in increased staff satisfaction and a reduction of incidents in teaching support services.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 4.2.3: **Training of support staff** is aligned with the needs of the institution. The effectiveness of training received by support staff and the impact it has on the quality of teaching support services is actively measured.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in teaching support staff or management since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

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Overall assessment of Criterion 4.2: Management of teaching support staff:

☐	A. Outperforms excellently
☐	B. It is reached
☐	C. Partially achieved
☐	D. Not reached

DIMENSION 5: MANAGEMENT OF RESOURCES AND SERVICES

Criterion 5.1: Management of resources and services

Standard:

The centre's resources and services have been effectively managed and have evolved towards improvement in accordance with the needs of the degree programmes and stakeholders.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 5.1.1: The centre's **decision-making** processes concerning the management and improvement of resources and services are based on the analysis of relevant evidence, data and indicators.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 5.1.2: **Resources and services have evolved** in accordance with the changes in the academic offer of the centre, with the new needs of the degree programmes and with the needs of the stakeholders.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 5.1.3: Processes for communicating and resolving resource and service **issues** are agile and effective.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 5.1.4: Management of resources and services takes into account **sustainability and environmental management** beyond compliance with current regulations.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in resources and services or their management since the last external evaluation process, preferably within the last three years.

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IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 5.1: Management of resources and services:

	A. Outperforms excellently
	B. It is reached
	C. Partially achieved
	D. Not reached

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DIMENSION 6: INFORMATION MANAGEMENT

Criterion 6.1: Collection of generated information

Standard:

The tools and processes available to the institution for the collection of evidence, data and indicators have proven to be effective and have evolved to optimise the evaluation and improvement processes.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 6.1.1: **Information collection procedures and tools** (both internal and external) are effective and provide reliable information. Improvements to information gathering processes have been implemented to improve the effectiveness of information gathering processes and to refine the associated tools.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 6.1.2: Those responsible for managing the different areas of the centre have the **information and data** they need for decision-making.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 6.1.3: The **scoreboard** is a useful and reliable tool for decision-making in the different operational areas of the centre.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of implemented improvements:

Identify a maximum of five improvements implemented in information management since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 6.1: Compilation of the information generated:

	A. Outperforms excellently
	B. It is reached
	C. Partially achieved
	D. Not reached

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DIMENSION 7: TRANSPARENCY AND PUBLIC INFORMATION

Criterion 7.1: Public information management

Standard:

The institute effectively manages public information on its training offer, activities and results, taking into account the needs of its different stakeholders and society in general. The information has been periodically reviewed to ensure that it is relevant and up-to-date.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 7.1.1: The centre's website provides **up-to-date and accessible information** on • The strategic planning of the centre. • The training offer, objectives and planning of the degrees. • Student access and orientation policies. • Teaching, learning and assessment methodology. • Mobility and external placement programmes. • Learning outcomes. • The results of labour market integration. • Stakeholder satisfaction results. • Allegations, complaints and suggestions. • Access, evaluation, promotion and recognition of academic and teaching support staff. • Material resources and services. • The results of external evaluations (certifications, monitoring, renewal of accreditation, etc.).	A. Outperforms excellently / B. Achieves / C. Partially achieves / D. Not achieved	
Guideline 7.1.2: The institute **periodically reviews**, with the participation of stakeholders, the adequacy and organisation of the information on its website.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 7.1.3: In addition to its website, the centre has **other mechanisms** for accountability and dissemination of its activities to external stakeholders and society at large.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of improvements implemented:

Identify a maximum of five improvements implemented in public information or its management since the last external evaluation process, preferably within the last three years.

IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 7.1: Public information management:

- [ ] A. Outperforms excellently
- [ ] B. It is reached
- [ ] C. Partially achieved

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D. Not reached

DIMENSION 8: R&D&I AND KNOWLEDGE TRANSFER.[3]

Criterion 8.1: R&D&I and knowledge transfer.

Standard:

The institute has had a strategic plan that has guided the development of R&D&I and knowledge transfer activities, as well as the offer of doctoral programmes. The results of research activity have been collected and analysed in order to identify and propose improvements in the management of these activities and in the doctoral programmes offered by the institute. The improvements implemented have a positive impact on the centre's evolution.

Compliance with assessment guidelines:

DIRECTRIZ	COMPLIANCE (remove unchecked options)	JUSTIFICATION Brief justification of the degree of compliance.
Guideline 8.1.1: **Processes and procedures linked to R&D&I** and knowledge transfer have evolved to ensure research results in line with the research lines of the doctoral programmes, which in turn are linked to the centre's strategic plan.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 8.1.2: The **analysis of the information** obtained through the IACS has served to improve the processes and procedures related to R&D&I and the transfer of knowledge and its results.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	
Guideline 8.1.3: The **management of research and doctoral programmes** has evolved based on the improvements implemented following the analysis of evidence and indicators and the opinions of stakeholders.	A. Exceeds excellently / B. Attained / C. Partially attained / D. Not attained	

Analysis of implemented improvements:

Identify a maximum of five improvements implemented in R&D&I management and knowledge transfer since the last external evaluation process, preferably within the last three years.

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[3] This dimension concerns only doctoral schools and university centres offering doctoral programmes.

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IMPROVEMENT IMPLEMENTED	SOURCE(S) OF INFORMATION TO IDENTIFY IMPROVEMENT AND TO SUPPORT DECISION MAKING (IACS tools used, stakeholders consulted, etc.)	IMPACT OF THE IMPROVEMENT IMPLEMENTED (identify evidence, indicators etc. used to assess impact)

Additional comments:

Any other observations on the development and evolution of the aspects of the centre related to this criterion.

Overall assessment of Criterion 8.1: R&D&I and knowledge transfer…:

	A. Outperforms excellently
	B. It is reached
	C. Partially achieved
	D. Not reached