



ACPUA

AGENCIA DE CALIDAD Y PROSPECTIVA
UNIVERSITARIA DE ARAGÓN

ACPUA'S PROGRAMME FOR THE RENEWAL OF INSTITUTIONAL ACCREDITATION

Framework Document

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

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1. INTRODUCTION

1.1. Legal framework

- Organic Law 2/2023 of 22 March on the University System.
- Royal Decree 822/2021, of 28 September, which establishes the organisation of university education and the procedure for quality assurance.
- Royal Decree 99/2011 of 28 January 2011 regulating official doctoral studies .¹
- Royal Decree 640/2021 of 27 July on the creation, recognition and authorisation of universities and university centres, and institutional accreditation of university centres.
- Resolution of 3 March 2022, of the General Secretariat for Universities, issuing instructions on the procedure for the institutional accreditation of public and private university centres, and publishing the Protocol for the certification of internal quality assurance systems of university centres and the Protocol for the evaluation procedure for the renewal of the institutional accreditation of university centres, approved by the General Conference on University Policy.

1.2. Scope and purpose of this document

The purpose of this framework document is to provide the institutions for which ACPUA is the evaluating and certifying agency, as well as the different interest groups (students, teachers, evaluators and experts, Administration, professionals, employers, etc.), with a joint reference text describing both the procedure followed by the Agency when it exercises the competence to renew the institutional accreditation of higher education institutions and the evaluation protocol applied.

This document will be published on the ACPUA website.

2. OBJECTIVES OF THE PROGRAMME

The institutional accreditation of centres² (initial institutional accreditation), as provided for in *Royal Decree 640/2021, of 27 July, on the creation, recognition and authorisation of universities and university centres, and institutional accreditation of university centres* is obtained once the centre has an Internal Quality Assurance System (hereinafter IQAS) whose implementation has been certified by a quality agency and half of the degrees at each level (bachelor's, master's and doctoral) that make up the teaching offer of the centre have successfully passed the evaluation for the renewal of accreditation.

By fulfilling these two conditions, the institution demonstrates that it has the capacity to ensure the quality and improvement of its teaching offer based on the information provided by its IQAS.

¹ Royal Decree 576/2023, of 4 July, amending Royal Decree 99/2011, of 28 January, regulating official doctoral studies; Royal Decree 1002/2010, of 5 August, on the awarding of official university degrees; and Royal Decree 641/2021, of 27 July, regulating the direct awarding of grants to Spanish public universities for the modernisation and digitalisation of the Spanish university system within the framework of the Recovery, Transformation and Resilience Plan.

² Schools, Faculties, Affiliated Centres and Doctoral Schools.

The renewal of institutional accreditation is carried out 6 years after the initial institutional accreditation and aims to assess the centre's capacity to ensure the management and continuous improvement of its educational offer based on its strategic planning. As a key element of the centre's management, the IQAS must be kept up to date in order to provide the necessary information for reflection, to act in the face of difficulties and to improve the educational offer, in short, to support the decision-making process of the centre's management team. Therefore, the renewal of the institutional accreditation of the institution will guarantee the quality of the educational offer of the institution, constituting the most relevant external evaluation process of higher education institutions in our system.

Following the first implementation of the programme in 2024 and the corresponding meta-evaluation process, some changes are incorporated in the present document.

2.1. Consequences

The renewal of institutional accreditation will mean for the university centre, simultaneously, the renewal of the certification of the implementation of its IQAS and the renewal of the accreditation of the official university degrees it offers.

In the event that the Council of Universities issues a rejection decision, the university centre involved must request the renewal of the corresponding accreditation for each of the official degrees it offers, within the period established in relation to the start of their activity or the last renewal of accreditation, as well as the certification of its IQAS.

2.2. Key elements

The evaluation for the renewal of an institution's institutional accreditation should pay attention to the proper functioning of the IQAS and to the enhancement of the institution's training offer. In particular, the institute's governance team should be able to demonstrate that:

- It plans the development and growth of the centre through strategic planning (aligned with that of the University) that takes into account the needs and expectations of the stakeholders, the current and future situation of the environment and the trends of the labour market.
- It remains committed, through its leadership and resourcing, to the management and maintenance of a robust IQAS that ensures the continuous improvement of the school's operations and teaching, in particular the student-centred teaching-learning process.
- It makes decisions on the academic offer of the centre and on the curricula and programmes offered, on the academic and support staff and on the spaces, resources and services, based on the information provided by the IQAS.

3. EVALUATION PROTOCOL

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

The dimensions and corresponding criteria established by this protocol for the assessment of university centres leading to the renewal of their institutional accreditation have been defined on the basis of the provisions of the *Resolution of 3 March 2022, of the General Secretariat for Universities, which issues instructions on the procedure for the institutional accreditation of public and private university centres, and publishing the Protocol for the certification of internal quality assurance systems of university centres, and the Protocol for the evaluation procedure for the renewal of institutional accreditation of university centres, approved by the General Conference on University Policy* and the corresponding document "GUIDELINES and GUIDELINES for the institutional accreditation of centres offering doctoral programmes", approved by the REACU at its meeting of 11 December 2023.

The evaluation for the renewal of institutional accreditation must ensure compliance with the European Standards and Guidelines for Quality Assurance (ESG, Part 1). Compliance with these criteria and guidelines is today, in the European Higher Education Area, the most appropriate and efficient means of generating the necessary confidence in institutions.

The correspondence between the dimensions and criteria of the ACPUA protocol for the renewal of institutional accreditation and the dimensions of the Standards and Guidelines for Quality Assurance in European Higher Education Area (2015) is shown below:

DIMENSION	CRITERIA	DIMENSION ESG
Dimension 0: CURRENT IACS SITUATION	Criterion 0.1: IACS management	1.1 Quality assurance policy
	Criterion 0.2: IACS review and improvement	1.1 Quality assurance policy
Dimension 1: STRATEGIC PLANNING	Criterion 1.1: Strategic planning	1.1 Quality assurance policy
Dimension 2: DESIGN AND EVOLUTION OF TRAINING OFFERING	Criterion 2.1: Evolution of training provision	1.2 Programme design and approval
	Criterion 2.2: Design, review and update of training programmes	1.2 Programme design and approval 1.9. Continuous monitoring and regular evaluation of programmes
Dimension 3: DEVELOPMENT OF TRAINING PROGRAMMES	Criterion 3.1: Pre-information, admission and enrolment processes	1.4 Admission, development, recognition and certification of learners
		1.8 Public information
	Criterion 3.2: Student orientation	1.3 Learner-centred teaching, learning and assessment
	Criterion 3.3: Implementation of teaching, learning and assessment strategies	1.3 Learner-centred teaching, learning and assessment

DIMENSION	CRITERIA	DIMENSION ESG
Dimension 4: STAFF MANAGEMENT AND DEVELOPMENT	Criterion 4.1: Academic staff management	1.5 Teaching staff
	Criterion 4.2: Management of teaching support staff	1.6 Learning resources and support for learners
Dimension 5: MANAGEMENT OF RESOURCES AND SERVICES	Criterion 5.1: Management of resources and services	1.6 Learning resources and support for learners
Dimension 6: INFORMATION MANAGEMENT	Criterion 6.1: Collection of generated information	1.7 Information management
Dimension 7: TRANSPARENCY AND PUBLIC INFORMATION	Criterion 7.1: Transparency, dissemination of activities and programmes and results	1.8 Public information
Dimension 8: R&D&I AND KNOWLEDGE TRANSFER	Criterion 8.1: R&D&I and knowledge transfer	All

3.2. Evaluation protocol

DIMENSION 0: CURRENT STATUS OF THE SIGC

Dimension 0: Current status of the IQAS aims to check the correct functioning of the IQAS. The university centres facing the renewal of institutional accreditation had, at the time of the first institutional accreditation, an IQAS in place and half of their degrees at each level (bachelor's, master's and/or doctoral) had passed the renewal of accreditation, which ensured on the one hand the existence of an IQAS that supported decision-making and, on the other, the capacity of the centre to ensure the correct implementation of its degrees.

From the first institutional accreditation to the renewal of this accreditation, the IQAS has had to become the main tool available to the institute to support the management of its activity. To this end, the centre has had to keep the IQAS "alive", providing it with the necessary resources, carrying out the necessary reviews of it and applying the necessary improvements to ensure its correct functioning.

In this dimension, the institute must demonstrate that the certification of its IQAS implementation remains valid, i.e. that the institute's management is supported by the IQAS which has continued to be used and improved in the period since its previous certification. A favourable assessment of this dimension automatically results in the extension of the validity of the IQAS implementation certificate under the PACE programme for a further six years.

However, at the time of renewing the institutional accreditation of the institution, different scenarios may arise in relation to IQAS:

1. The centre's IQAS has a **certificate of implementation in force**, in which case it will not be necessary to carry out the assessment of "Dimension 0: Current status of the IQAS", compliance with which will be considered to have been achieved.
2. The institute's IQAS **has a renewed/obtained certificate of implementation that is not current**. In this case, the institute must demonstrate that its IQAS continues to

function adequately and therefore the assessment of "Dimension 0: Current status of IQAS" will be carried out.

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 by the documentation and with an organisation chart of responsibilities that has allowed for adequate management, active participation and fluid communication with stakeholders.

Guidelines:

- 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.
- Guideline 0.1.2: **All elements of the IQAS** defined by the system documentation (quality manual, quality policy and objectives, process map, procedures, scoreboard, review process, bodies, etc.) have been maintained.
- Guideline 0.1.3: **The IACS documentation management system** has enabled efficient and systematic control of the documents, data and records generated.
- 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.
- 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.

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 appropriateness of the system and compliance with the requirements external certification. Since the review process, the IQAS has evolved to meet the needs of the centre.

Guidelines:

- 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.
- 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.

- 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.
- Guideline 0.2.4: The institute has conducted a **formal analysis of the recommendations** of internal and external System reports and subsequent monitoring, where appropriate, of their implementation.

DIMENSION 1: STRATEGIC PLANNING

Institutionally accredited centres must have a quality policy defined within their IQAS, aligned with the strategic objectives of the university, defined taking into account the different stakeholders.³

This quality policy has to be taken into account in the definition of the strategic plan, master plan, action plan or similar (hereafter referred to as strategic planning). In defining the strategic planning, the institution should take into account aspects of the environment such as regulations, trends and expectations of stakeholders.

Strategic planning should have set the direction of the institute's actions in the period under evaluation. Compliance with this strategic planning had to be analysed on the basis of the indicators linked to the strategic objectives and ideally set out in a scorecard (or strategic scoreboard).

In this dimension, the institute should present the strategic planning that has guided the life of the institute in the period between two evaluations, the degree of fulfilment of the strategic objectives set and the expected evolution of the strategic planning for the next period.

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.

Guidelines:

- 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**.
- Guideline 1.1.2: The strategic plan takes into account the guidelines set by **external references** such as the 2030 Agenda.
- 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

³ Dimension 1: PACE Programme Quality Policy and Objectives

have associated **indicators and targets** so that the degree to which they are being achieved can be analysed.

DIMENSION 2: DESIGN AND EVOLUTION OF THE TRAINING OFFER

The institute must show concern for keeping its training offer up to date, taking into account the environment, the expectations of the different stakeholders and the results of the current training offer (satisfaction indicators of the different stakeholders, regulatory changes, performance indicators, etc.). As a result of the analysis of all the information collected by the IQAS, during the period to be evaluated, the centre has been able to establish actions for the evolution of the training offer, actions that will be aligned with the centre's strategic planning.

The IACS is therefore an important source of information and data to support the process of reflection on the 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.

Guidelines:

- Guideline 2.1.1: The **development of the training offer** is linked to the strategic plan of the institution.
- 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.
- Guideline 2.1.3: Where appropriate, the **identification of degree programmes to be terminated** has been carried out 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.

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.

Guidelines:

- 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.⁴
- 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.
- 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.

DIMENSION 3: DELIVERY OF TRAINING PROGRAMMES

In this dimension, the institution must present evidence of the correct functioning of the processes linked to the delivery of the training programmes in the period under evaluation.

The management and improvement of administrative and student support processes must be based on the information obtained by the IQAS.

The application and evolution of teaching, learning and assessment strategies should be reviewed on the basis of student satisfaction and the academic results obtained in the degree programmes. The analysis of this information by those in charge should lead to the implementation of actions that may be relevant to improve the learning experience of students.

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,

⁴ 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".

demonstrating their effectiveness in meeting the needs and expectations of the student body and in optimising the centre's resources.

Guidelines:

- 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.
- 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.
- 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.
- 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.

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.

Guidelines:

- 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.
- 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.

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.

Guidelines:

- Guideline 3.3.1: **Teaching, learning and assessment methodologies** are periodically reviewed to ensure their continued 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.
- Guideline 3.3.2: **Teaching innovation projects** result in the implementation of improvements in teaching, learning and assessment methodologies.

- 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.
- 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.

DIMENSION 4: PERSONNEL MANAGEMENT AND DEVELOPMENT

In this dimension, the institution shall provide evidence of the proper management of both academic and teaching support staff. The institute shall have ensured during the period that its staff has at all times been sufficient and adequate to cope with the teaching and services offered in a timely and appropriate manner.

The institution must ensure the training of its academic staff both to update them in relation to any new developments that may be incorporated into the educational offer of the institution (dual training, distance learning, evaluation of transversal competences, Agenda 2030, attention to diversity, etc.) and to improve their competences if so required as a result of the evaluation processes.

Similarly, in relation to support staff, the centre must ensure that they are sufficient and adequately trained to provide services and support teaching.

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, evaluation of transversal competences, Agenda 2030, attention to diversity, etc.).

Guidelines:

- 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.
- 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.
- 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.

- Guideline 4.1.4: The school encourages the **participation of teaching staff in innovative teaching projects.**

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.

Guidelines:

- 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.
- 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.
- 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.

DIMENSION 5: MANAGEMENT OF RESOURCES AND SERVICES

The centre has managed its resources and services, ensuring that they are up to date, based on the analysis of the information provided by the IACS.

The centre has sufficient resources and services to meet the needs of the different interest groups that participate in the life of the centre and to ensure adequate support for the centre's educational offer. The resources and services are adapted to the specificities of the educational offer and to the different profiles of their users.

Criterion 5.1: Management of resources and services

Standard:

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

Guidelines:

- 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.
- 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.
- Guideline 5.1.3: Processes for communicating and resolving resource and service **issues** are agile and effective.

- Guideline 5.1.4: Management of resources and services takes into account **sustainability and environmental management** beyond compliance with current regulations.

DIMENSION 6: INFORMATION MANAGEMENT

The centre has up-to-date and useful information for the management and improvement of all its processes. The information is collected at the right time to feed the analysis of the efficiency of the different processes.

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.

Guidelines:

- 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.
- Guideline 6.1.2: Those responsible for managing the different areas of the centre have the **information and data** they need for decision-making.
- Guideline 6.1.3: The **scoreboard** is a useful and reliable tool for decision-making in the different operational areas of the centre.

DIMENSION 7: TRANSPARENCY AND PUBLIC INFORMATION

The centre provides the different stakeholders with sufficient and updated information to meet their expectations.

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 it is relevant and up to date.

Guidelines:

- Guideline 7.1.1: The institution's website provides **up-to-date and accessible information** about
 - 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.).
- Guideline 7.1.2: The institute **periodically reviews**, with the participation of stakeholders, the adequacy and organisation of the information on its website.
- 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.

DIMENSION 8: R&D&I AND KNOWLEDGE TRANSFER.

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

Doctoral schools have R&D&I activities as a differential element in their management. These activities must be aligned with the strategic planning of the Doctoral School which, in turn, must be aligned with the strategic planning of the University.

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.

Guidelines:

- Guideline 8.1.1: The **processes and procedures linked to R&D&I** and knowledge transfer have evolved to guarantee research results in line with the research lines of the doctoral programmes, which in turn are linked to the centre's strategic plan.

- 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.
- 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.

4. ASSESSMENT OF THE CRITERIA

Compliance with the criteria will be assessed on the following scale of levels:

- **Compliance achieved,**
 - **A. Outperforms excellently** when no deficiencies were detected and relevant good practices are identified in relation to the criterion.
 - **B. Achieved,** when a development of the criterion in accordance with the standard is observed, with no deficiencies detected in its development.
 - **C. Partially achieved** when aspects for improvement are detected in the development of the standard, but no serious deficiencies are detected. Detected deficiencies will lead to a requirement to implement improvement actions.
- **Compliance NOT achieved,**
 - **D. Not achieved,** when serious deficiencies in the development of the criterion are detected and therefore cannot be assessed as achieved.

5. EVALUATION PROCEDURE

5.1. Request for evaluation

The university shall apply to the Council of Universities for renewal of the accreditation of its faculties and schools. The institution shall apply for renewal of institutional accreditation nine months before the end of the six-year period, counted from the date on which the last accreditation decision was taken.

5.2. Documentation to be provided by the centre

The application must be accompanied by the following documentation:

- Self-report on the evaluation of the renewal of institutional accreditation
- Access to specific IQAS documentation: Quality Manual, process map, set of procedures, quality policy and objectives, scoreboard, system review report, etc. (must be accessible on the centre's website or document repository)
- Internal monitoring reports on the centre's official degrees (accessible on the website or document repository)
- If the institution offers double degrees, the training projects of these should be attached (which should include information on the syllabus resulting from the specific

pathway, the knowledge and essential competences to be achieved, the internships and the model for the recognition of subjects between the degrees involved.

Where appropriate, the centre shall include the following reports in the application:

- Certification report on the implementation of the IACS derived from the AUDIT Programme.
- Report on the certification process of the evaluation models of the teaching activity of university teaching staff, derived from the DOCENTIA Programme.

5.3. Evaluation dossier

The evaluation dossier that the ACPUA will provide to the evaluators will contain, in addition to the documentation provided by the centre, the following reports:

- External evaluation reports carried out by the ACPUA (or ANECA) in the six-year period between two accreditations:
 - Verification/modification reports.
 - External monitoring reports on degree programmes.
 - IACS certification report (PACE programme).
- ACPUA eBox: information on the students' opinion about the school and their studies collected by the ACPUA prior to the visit.⁵

5.4. Appointment and formation of the evaluation panel

The members of the evaluation panel for the renewal of the applicant centre's accreditation shall be appointed by the Agency's Directorate on the proposal of the ACPUA's Evaluation, Certification and Accreditation Commission.

This designation shall be notified to the university for the possible total or partial, and duly motivated, disqualification of the evaluation panel. The institution shall have ten working days to complete this procedure. Once this challenge phase has been completed, the Agency's management shall proceed to the final appointment of the panel.

The composition of the panel shall be as follows:

- Two academics belonging to the branch of knowledge to which the degree programmes of the applicant faculty are predominantly attached. One of them shall act as chairperson.
- An expert in quality assurance systems.
- A professional.
- A student.

As far as possible, an attempt will be made to match one of the above profiles with an international expert.

⁵ Result obtained through the process of "Workshop for the co-creation of an evaluation tool" carried out with the students of the first two centres evaluated in the second semester of 202^a. See publication ACPUA Aprende n°13.

The panel will be accompanied by a technician appointed by ACPUA, who will act as secretary of the panel with voice but without vote.

All the members of the panel shall carry out their activity outside Aragon, except for the professional member, who may carry out his or her activity in the autonomous community itself. Gender parity shall be taken into account in the formation of the panel.

For this panel, the provisions of the ACPUA document "Selection, Training and Principles for Evaluators" shall apply.

5.5. Visit to the centre.

The assessment panel will make a face-to-face visit to the institution to meet with all stakeholders. The time devoted to the visit will be sized according to the degree programmes implemented at the institution, to ensure that the panel has time to meet with representatives of the teaching staff and students of all degree programmes.

The Agency will define the agenda for the visit with the university centre. In the agenda, space will be provided for an "open hearing". In this space, the evaluation panel will listen to any person related to the institute who wishes to make a comment to the institute. To this end, the centre will publicise the evaluation process and this space, and interested persons should send an e-mail to the Agency informing them of their wish to participate in the open hearing.

The panel will consider everything gathered at the open hearing as further evidence in the evaluation process.

In addition, the panel will take into account the information collected through the ACPUA eBox tool.

5.6. Proposal for a report

The Subcommittee for the Evaluation of Centres (SEC) is the body responsible for the evaluation decisions for the renewal of institutional accreditation. Its proposed report will be FAVOURABLE or UNFAVOURABLE.

The proposal for a SUCCESSFUL report may contain aspects of particular follow-up, recommendations and strengths.

In the event that the proposed report contains "aspects for special monitoring", the university may, during the allegations phase, make the appropriate clarifications regarding the deficiencies detected, as well as present, if required, an improvement plan. This improvement plan must include, as a minimum, the following information:

- Study of the cause(s) of the aspect to be improved
- Action(s) for improvement
- Monitoring indicators
- Timeframe for implementation
- Responsible for its implementation

The proposed report shall be sent to the University so that it may submit its observations within 15 working days.

5.7. Final evaluation report

Once the allegations have been studied, the SEC will issue the final evaluation report, which will be FAVOURABLE or UNFAVOURABLE for the renewal of institutional accreditation.

The issuing of a favourable report will be associated with the renewal of the IACS implementation certificate according to the PACE programme, with the same effective date.

The reports will be published on the Agency's website and in the DEQAR database.

In addition, the agency will maintain on the website the updated register of institutions with institutional accreditation and the register of institutions with implemented IACS.

Any complaint or appeal resulting from this evaluation process shall be referred by the Agency's Management to the Committee of Guarantees for its knowledge and effects, in accordance with the general procedure established by ACPUA.

ACPUA will close the evaluation activity by collecting information about the satisfaction of all the people involved in the evaluation, as foreseen in our meta-evaluation processes.

6. FOLLOW-UP

The monitoring of the renewal of institutional accreditation will be carried out according to the periodicity determined by the SEC in the final evaluation report.

In the case of centres whose final favourable report is conditional on the presentation of an improvement plan, the monitoring will be annual, and the centre must send a report on the degree of progress in the implementation of the actions included in the Improvement Plan. This report will be considered by the SEC and will form part of the information dossier for the next renewal of institutional accreditation.

DOCUMENT REVISION HISTORY

Rev.	Date	Amendments introduced
0.0	12/06/2024	Document in "draft" version for consideration by universities.
0.1	19/06/2024	Document in "draft" version reviewed by ACPUA bodies.
1.0	10/07/2024	Document approved by the ECSC.
2.0	31/01/2025	Review after meta-evaluation of the first implementation of the programme.