AUDIT MANUAL

Contents

Introduction

The Agency for Science and Higher Education is an independent external quality assurance agency, which operates in accordance with the accepted European principles of quality assurance in higher education. In 2010, the Agency launched the first cycle of **audit** of higher education institutions in the Republic of Croatia, following the basic principle that higher education institutions (HEIs) are primarily responsible for quality of all their activities and that efficient internal quality assurance systems (IQAS) at higher education institutions ensure that institutional mission and policies are achieved, through the processes of planning, implementation, evaluation and improvement.

The audit procedure was developed in line with the Act on Quality Assurance in Science and Higher Education (2009), with the aim of stimulating establishment and development of IQAS at Croatian HEIs.

At the end of the first evaluation cycle, the data collected from the conducted procedures was used for a comprehensive analysis (meta-evaluation) of the entire cycle. .

A general conclusion at the end of the first audit cycle was that the majority of HEIs collects data within their IQAS, but that these activities need to be carried out in a more structured manner; that regular analyses are needed to identify good practices, weaknesses and risks, and that the results of these analyses need to be used in strategic and day-to-day decision-making, while encouraging positive change, innovation and improvement. It is also necessary to continuously inform all the stakeholders on the importance of quality culture, and to encourage their contribution to its development, as it directly affects the overall quality of higher education.

Based on the experience of the first audit cycle and feedback from stakeholders, the Agency developed a new audit procedure within the framework of the Act on Quality Assurance in Science and Higher Education (2009) and ESG (2015).

[1] Berlin Communique, 2003
[2] Meta-evaluation of external quality assurance audits in 2010-2015

Goal and purpose of audit

Audit is external evaluation procedure used to assess whether the internal quality assurance system of a higher education institution is effective and developed according to the ASHE Audit Criteria and ESG.

Audit assesses the functionality of HEI's IQAS in terms of its day-to-day support and contribution to the institutional mission through the adopted policies, which are further implemented in the processes of planning and management, implementation and monitoring, evaluation, and improvements and innovations.

In other words, the *goal* of audit is to assess whether HEI's IQAS is functional, fit for purpose and coherent, and whether it adequately supports institutional mission and overall development.

The *purpose* of audit is to encourage continuous development of IQAS and quality culture. This contributes to the overall development of a HEI, and of higher education in general, encouraging at the same time the autonomy of HEIs in terms of institutional visibility and development of quality culture, i.e. of taking full responsibility for quality assurance and achievement of institutional strategic goals (Strategy of Education, Science and Technology of the Republic of Croatia).

New audit cycle

In the new cycle of institutional audit carried out by ASHE, an additional emphasis is placed on a process approach to quality assurance in line with ESG (2015), i.e. on assessing whether HEI's processes follow a **quality assurance cycle** based on PDCA *(Plan-Do-Check-Act)*:
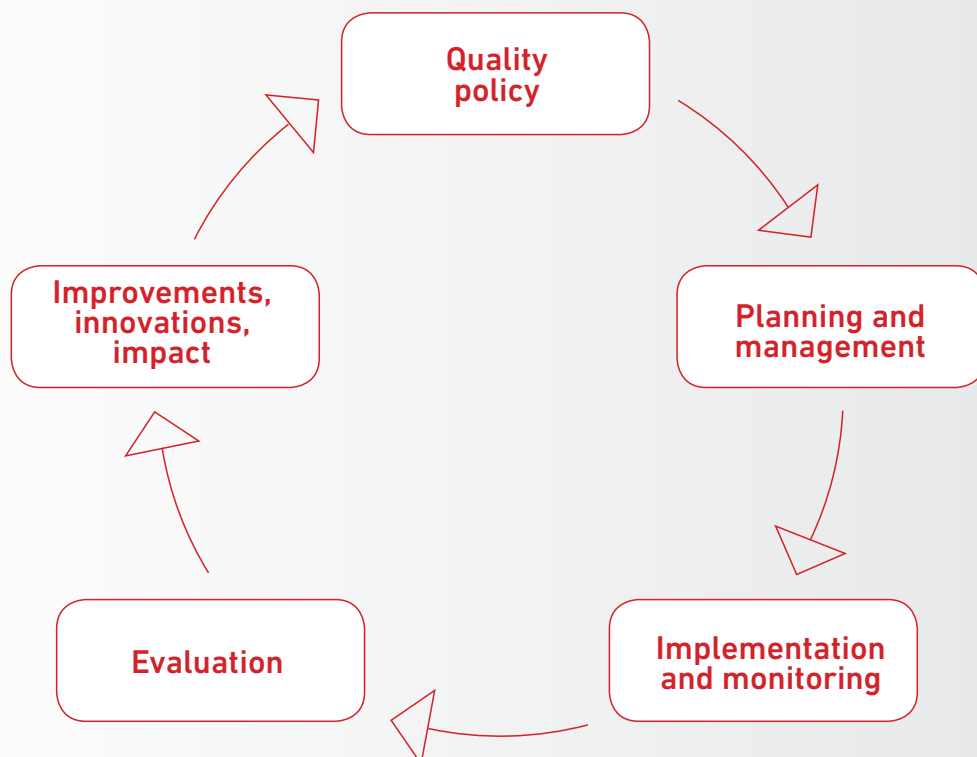
T he basic premise is that quality culture focused on continuous development and improvement - at the institutional level, but also at the level of each institutional unit or process - cannot exist if the quality cycle is not closed for all relevant activities.

Individual phases of this cycle also represent the elements of evaluation in the audit procedure carried out by ASHE:

1. Quality policy

The basis and the core of the process; general direction and goals related to the quality of all activities and processes whereby HEI mission statement is achieved

2. Planning and management

Establishing goals for the purpose of accomplishing HEI's mission; determining processes and resources necessary for achieving these goals; identifying risks and opportunities; managing processes

3. Implementation and monitoring

Implementation of planned processes; monitoring of implementation

4. Evaluation

Evaluation of planned processes and the results thereof against the defined goals and objectives; analyses and reports on the results of this evaluation

5. Improvements, innovations, impact

Implementation of measures for improvement based on the results of process evaluation; innovation in processes; impact of QA processes on the development of HEI

Criteria for audit *(Criteria for Assessment of Development and Efficiency of Internal Quality Assurance System)* of the Agency for Science and Higher Education have been designed in line with these elements of evaluation. According to the Criteria, each element of evaluation (and ultimately, IQAS as a whole), can be found in one of three stages of development: **initial, developed** or **advanced**. Descriptions of individual stages of development are provided in the Criteria.

Considering that the individual elements of quality assurance cycle are sequential and causal, a final assessment of an individual element also means that **no subsequent element can be in a higher developmental stage** (e.g. if the element of evaluation *Planning and management* is assessed to be in the initial stage of development, then neither *Implementation and monitoring*, nor *Evaluation*, nor *Improvements, innovations, impact* can be assessed as developed or advanced).

The *outcome* of the audit procedure is a report containing assessments for individual evaluation elements, as well as recommendations for improvement. If the evaluated IQAS is in the developed stage or higher by each individual element of evaluation, the Agency issues a certificate to the HEI.

Key questions

Audit assesses:

- whether IQA is accepted as an integral part of institutional day-to-day operation
- whether IQAS supports the continuous development of HEI, in accordance with institutional mission statement
- whether the established institutional processes support the adopted policies/mission/vision/objectives
- in what way does HEI collect, manage and use information in a decision-making process
- is HEI dedicated to development and continuous improvement (does it ensure that all relevant institutional processes, through which the adopted policies/mission/vision/objectives are implemented, have a closed quality loop: *Quality policy* ➜ *Planning and management* ➜ *Implementation and monitoring* ➜ *Evaluation* ➜ *Improvements, innovations, impact)*
- whether HEI's IQAS is coherent.

Principles

The basic principles of audit procedure:

- audit is an evidence-based procedure, carried out by an independent panel of experts
- the information provided by HEI is assumed to be factually correct unless evidence points to the contrary
- audit is a process of verification of information provided in HEI's internal audit report and other documents, as well as of information that is omitted from that documentation
- audit is a transparent procedure, and its results are published

Indicators of a closed quality assurance cycle

1. Quality policy

Basic documents in which HEI defines its own responsibilities and obligations by individual ESG standards; e.g. statements, policies, strategies, etc.

2. Planning and management

Action/operational, programme, financial and other plans at the level of HEI and/or its organizational units, which define goals and objectives for individual ESG standards, in accordance with strategic direction; e.g. relevant regulations that, in line with the legislation, regulate the implementation of all activities and processes related to a particular ESG standard, etc.

3. Implementation and monitoring

Reports on the implementation of action plans; other evidence of the quality of implementation/monitoring of planned activities by individual ESG standards, etc.

4. Evaluation

Internal evaluation reports, other evidence of internal evaluations of processes; efficiency analyses; analyses of implemented action plans following external evaluations, etc.

5. Improvements, innovations, impact

Examples of revisions/improvements to activities and processes related to individual ESG standards, etc.

1. Quality policy

Description of audit procedure

The Agency organizes audit procedures according to the annual plan adopted by the Accreditation Council. The annual plan is published on the Agency's website.
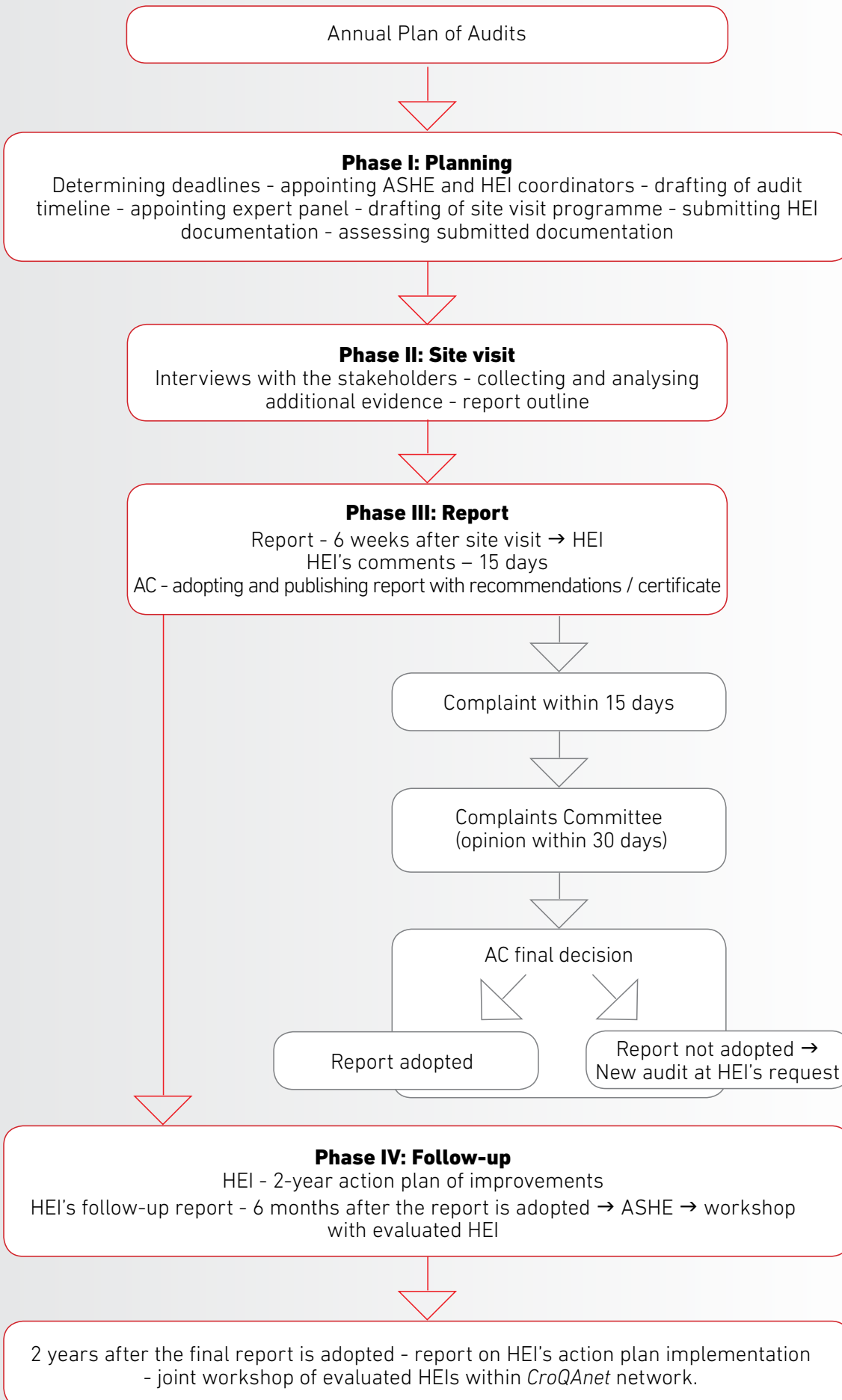
The audit procedure is based on the following documents:

- Act on Quality Assurance in Science and Higher Education (OG, 45/09)
- Ordinance on Audit of Internal Quality Assurance Systems at Higher Education Institutions in the Republic of Croatia (CLASS: 030-02/17-02/0012, FILE No: 355-02-03-17-0001)
- Audit Manual of the Agency for Science and Higher Education.

The audit procedure consists of four stages:
1) Planning
2) Site visit
3) Report
4) Follow-up.

Audit diagram

Annual Plan of Audits

⬇

Phase I: Planning
Determining deadlines - appointing ASHE and HEI coordinators - drafting of audit timeline - appointing expert panel - drafting of site visit programme - submitting HEI documentation - assessing submitted documentation

⬇

Phase II: Site visit
Interviews with the stakeholders - collecting and analysing additional evidence - report outline

⬇

Phase III: Report
Report - 6 weeks after site visit → HEI
HEI's comments – 15 days
AC - adopting and publishing report with recommendations / certificate

⬇

Complaint within 15 days

⬇

Complaints Committee
(opinion within 30 days)

⬇

AC final decision

↙   ↘

Report adopted   Report not adopted →
New audit at HEI's request

⬇

Phase IV: Follow-up
HEI - 2-year action plan of improvements
HEI's follow-up report - 6 months after the report is adopted → ASHE → workshop with evaluated HEI

⬇

2 years after the final report is adopted - report on HEI's action plan implementation - joint workshop of evaluated HEIs within *CroQAnet* network.

Planning

Planning is the initial stage of the audit procedure in which ASHE and HEI that is included in the annual Audit Plan agree on the conditions and procedure under which the audit will be carried out, in line with the Audit Ordinance and the legal framework.

At this stage, all the activities and deadlines[3] of the audit procedure are defined, members of the expert panel are selected and appointed, and the audit timeline and programme (protocol) of the site visit are drafted and submitted to the HEI.

At this stage, HEI may request that an additional audit[4] target be included in the procedure.

ASHE coordinator is appointed in the planning stage of the procedure. ASHE coordinator is an employee of the Agency who provides organizational, administrative and professional support to the panel, and communicates with the panel chair and members, as well as with HEI, i.e. with HEI's appointed coordinator in the procedure.

ASHE coordinator in the procedure is obliged to:

• draft the audit timeline in agreement with HEI

• ensure that all the activities within the audit procedure take place in accordance with the defined deadlines and regulations

• communicate with panel members and HEI, receive and forward all the documentation relevant for the procedure

• study the audit documentation submitted by HEI, check the validity and completeness of the submitted documentation and, if necessary, request additional documents from HEI

• inform all panel members of their rights and obligations

• organize and conduct the training of appointed members of the expert panel

• attend all panel meetings

• organize the site visit of the expert panel to the audited HEI; participate in the site visit and attend all meetings

• provide professional assistance to panel members during site visit and drafting of the report

• ensure that the final report is proofread and translated

---

[3] When defining deadlines in the audit procedure, periods between 15 July and 31 August, and 24 December to 6 January are not taken into account.

[4] HEI may request an in-depth evaluation of one aspect of institutional operation; e.g. a distinctive feature of HEI, or specific IQAS activity. If an additional audit objective is requested, an (additional) expert in that particular field may be appointed to the audit committee, and additional evidence (not required in the regular procedure) may be requested from HEI. The Agency decides whether an additional audit target will be included in the regular procedure. The Agency may decide not to include an additional audit target (following HEI's request) in the regular procedure, if the appropriate conditions or facilities for this purpose do not exist.

- ensure that the final audit report is ready for the session of the Accreditation Council, in accordance with the set deadlines, and - if necessary - participate in that session of the Accreditation Council

- coordinate the follow-up procedure

- upon the completion of the follow-up phase, receive HEI's follow-up report and submit it to the panel; ensure professional assistance to panel members in drafting the conclusion

- organize and attend the meeting with representatives of the audited HEI upon the adoption of the panel's conclusion on the follow-up phase

- participate in a CroQAnet[5] workshop with representatives of the audited higher education institutions.

HEI's documentation for audit

In the planning stage, HEI appoints its coordinator in the procedure, and submits the decision on appointment to the Agency.

At this stage, a list of mandatory documents for audit is agreed on with HEI; the institution should submit the requested documents to the Agency, in digital form, no later than 6 weeks before the site visit. HEI's documentation for audit should provide sufficient information and evidence for a successful evaluation of the IQAS. It is recommended that the list of mandatory documents includes:

- the most recent internal audit report (in line with ESG 2015), which includes the assessment for each individual ESG standard (1.1 –1.10)[6]

- SWOT analysis of the HEI

- diagram of the organizational structure and short description of HEI (number and types of study programmes, number of employees, distribution of teaching staff, teaching loads, number and distribution of students, student pass rates for each year and each study programme)

- diagram and short description of IQAS (distribution of responsibilities, list of processes)

- brief history of IQAS

- basic IQAS documentation (quality policy, quality manual and/or relevant documents regulating QA activities, QA regulation, etc.)

- brief overview of HEI's income and expenditure

- statute and relevant documents regulating HEI's activities (in line with the statute)

- relevant strategic documents, operational plans and reports on their implementation

HEI's documentation for audit is submitted in Croatian, and - if needed - also in English.

HEI does not need to submit documents that are already published on its website or intranet; it shall be sufficient to provide functional links and access permissions during the audit procedure.

This stage of the procedure also includes the panel's evaluation of documents submitted by HEI.

---

[6] Internal audit report of HEI is the basic document in ASHE audit procedure. The report should be made in accordance with ESG (standards 1.1-1.10), and include analysis and assessment for each individual standard. The report should also refer to previous internal and external evaluations of HEI, and include descriptions and documented evidence of the measures that were taken on the basis of recommendations from these evaluations.

Expert Panel

Composition of an expert panel

The procedure is conducted by an expert panel comprising foreign and national experts, representatives of the academic community, students and industry. Panel chair and members are appointed by the Accreditation Council at the Agency's proposal. Panel members select the deputy chair among themselves.

The panel is selected:
- from the database of audit experts run by the Agency/database of experts run by ENQA
- based on recommendation by other agencies for quality assurance in science and higher education
- based on the recommendation by the European University Association (EUA)
- through open invitation to potential candidates.

When selecting panel members, the profile of the evaluated HEI and each potential candidate is taken into consideration. Prospective panel members should not be affiliated with the evaluated HEI, and should have a sufficient level of knowledge, experience and expertise for an appropriate implementation of the audit procedure.

An expert panel comprises 5 members:
- 3 teachers (at least one foreign expert) elected to scientific-teaching or artistic-teaching grade, if the evaluated institution is a university or a university constituent, or to scientific-teaching, artistic-teaching or teaching grade if the evaluated institution is a polytechnic or a college
- 1 representative of the industry / business sector
- 1 student representative.

Criteria for selection of panel members

General criteria:
- knowledge of higher education, science and quality assurance
- knowledge of the ESG and the European Dimension of Quality Assurance
- understanding of the national quality assurance system
- participation in training for audit experts organized by the Agency
- knowledge of the audit procedure, as conducted by the Agency
- experience in external evaluation procedures
- teamwork experience
- good oral and written communication skills
- very good command of English.

Additional criteria for selection of panel members, by individual groups:

a) for representatives of the academic community:
  - experience in internal quality assurance at a higher education institution
  - experience in external quality assurance

b) for representatives of the business sector:
  - professional expertise
  - experience in running / developing / implementing a quality management system in the industry / business sector

c) for student representatives:
  - evidence of achieved quality of study (high grade-point average)
  - good knowledge and active participation in the work of national and international student organizations.

Additional criteria for selection of panel chair:
  - experience in managerial positions at HEI or the system of higher education and science
  - proven leadership skills.

Panel members are independent in their work and do not represent their home institutions.

Before the appointment, panel members submit to ASHE coordinator a written statement that there is no conflict of interest present[7] with the evaluated HEI, and upon their appointment, the panel members sign a *Conflict of Interest and Confidentiality Statement.*

When participating in the audit procedure, panel members are guided by principles of impartiality and objectivity.

After the appointment of the expert panel, and at least two months prior to the site visit to HEI, the Agency submits a Decision on the Appointment of the Panel to the audited HEI. HEI may submit an official statement on the composition of the expert panel, and lodge an objection thereof within 7 days from the receipt of the Decision. If an objection is lodged to the composition of the expert panel, and the Accreditation Council decides that the objection is justified, it will appoint different panel member (or members) within 30 days. Objection to the composition of the panel does not affect the deadline for submitting the documentation for the audit by the audited HEI.

The panel members are obliged to:

  - study all the audit documentation provided by the Agency's coordinator, and one week prior to the site visit, submit to the Agency's coordinator the observations and a list of questions for the site visit, and - if necessary - a list of additional HEI documents that they would like to review before or during the site visit

---

[7] Conflict of interest is defined by Article 6 of the Ordinance on Audit

- decide on how the procedure shall be conducted, and what groups of stakeholders shall be interviewed during the site visit
- define and agree upon the protocol of the site visit, at least 2 weeks before the visit
- participate in all panel meetings
- participate in the site visit and all the meetings with stakeholders
- keep notes during the site visit and actively participate in writing the report
- make all assessments by consensus
- adhere to all set deadlines
- review HEI's action plan for the follow-up phase
- review HEI's report on the follow-up phase
- participate in drafting panel's conclusion on the effectiveness of activities carried out during the follow-up phase
- conduct the audit procedure in line with the plan and legal framework.

In addition, the chair of the panel is obliged to:

- coordinate the work of all panel members
- communicate with ASHE coordinator
- chair meetings of the panel
- chair all meetings with HEI's stakeholders, in accordance with the site visit protocol
- ensure the factual accuracy, validity and consistency of the final report of the panel
- ensure that the audit report is completed before the set deadline; submit the report to the Agency
- upon receiving HEI's official statement on the report, amend and finalize the report, if necessary, together with other panel members
- upon receiving HEI's report on the follow-up phase, coordinate the work of all panel members on drafting the conclusion regarding the effectiveness of HEI's activities during the follow-up phase, and submit the conclusion to the Agency
- in cooperation with ASHE coordinator, personally participate, or - in agreement with other panel members - elect a member of the panel who will participate in a final meeting with representatives of HEI, upon the completion of the follow-up phase, at which the conclusions of the panel are presented to HEI, with the possibility of an open discussion.

The deputy chair of the panel shall assume the duties of the chair in case of justified absence of the panel chair during the course of the audit procedure.

Time frame[8] of the contractual obligations of expert panel members are as follows:

- 1 day for preparation (review of submitted and available documentation of the evaluated HEI; preparation of notes and questions for the site visit; panel meeting, distribution of tasks and preparation for the site visit)
- 2 days for the site visit and drafting of the report
- 1 day to prepare the final report
- 1 day to prepare the conclusion.

---

[8] Minor alterations are possible, depending on the type of audit and/or profile of the audited institution.

In addition, the chair or an elected member of the panel shall participate in a final meeting with the representatives of the audited higher education institution upon the completion of the follow-up phase.

In case the panel member fails to fulfil his/her contractual obligations without providing a valid reason, he/she may be removed from the ASHE database of audit experts after the audit procedure is completed.

Panel members shall receive remuneration for their work, in accordance with the general act of the Agency, and the Agency shall cover their travel and accommodation expenses. All other expenses are borne by panel members.

Training of audit committee members

In order to ensure that audit is conducted professionally, consistently and transparently, ASHE organizes a mandatory training for all members of expert panels, where participants are informed of the objectives, criteria and procedure of audit, as well as of the fundamental guidelines for quality assurance in the area of higher education - the European Standards and Guidelines (ESG).

Only trained experts can participate in the audit procedure.

Site visit

This stage of the audit procedure involves the evaluation of the documentation submitted by HEI, a site visit to HEI (including interviews with the representatives of all stakeholders and other planned activities, as set in the site visit protocol), collection of additional evidence, analysis of collected data and drafting of the report.

In addition to panel members, ASHE coordinator and - if necessary - an interpreter also participate in the site visit to the evaluated HEI.

The site visit may take 2 to 3 days, or - exceptionally - longer, as determined by the Agency in agreement with the evaluated HEI. The site visit is carried out according to the agreed site visit protocol, which is delivered to HEI and panel members at least 2 weeks before the visit.

Panel members submit their comments on the documentation and a list of questions for the site visit to ASHE coordinator 1 week before the visit.

One day before the site visit, the first panel meeting is held at the location specified by the Agency. ASHE coordinator shall inform the members of the panel about their duties and responsibilities. The panel shall agree on the main issues to be considered during the site visit, as well as on the additional supporting evidence to be requested from HEI during the visit.

A compulsory part of the site visit are meetings with the management and HEI's internal and external stakeholders, tour of the premises, and review of additional evidence.

HEI shall ensure that all scheduled meetings with stakeholders and all internal meetings of the panel are held in appropriate premises.

At internal meetings, the panel also works on the first draft of the audit report, with the professional assistance of ASHE coordinator, using the appropriate report template annexed to this Manual.

A site visit to HEI ends with a meeting with HEI's management, at which the chair or an elected member of the expert panel briefly inform the participants of the panel's findings during the site visit.

Report

Within 4 weeks after the site visit, the panel draws up the audit report on the basis of the analysis of submitted and available documentation, information collected during the site visit, and the first draft of the audit report.

The Report contains the following obligatory elements:

Summary
1. Introduction
    1.1 Description of audit procedure
    1.2 Documentation for audit
    1.3 Site visit to HEI
2. Description of HEI
    2.1 Vision, mission and strategy
    2.2 Internal quality assurance system
3. Results of audit
    3.1 Assessment of the degree of development and efficiency of the evaluated IQAS according to ASHE criteria and ESG (1.1-1.10)

In addition to the assessment of the development stage and effectiveness (coherence and fitness-for-purpose) of individual evaluation elements and the entire IQAS, the audit report also contains recommendations for improvement for each individual ESG standard.

The panel drafts the report by using a predefined template, published on ASHE website and annexed to this report.

The work of the panel is coordinated by the panel chair, and the final version of the report is agreed upon by the entire panel via e-mail.

Not later than 4 weeks after the visit, the panel chair shall submit the audit report to ASHE coordinator. The report is then sent for editing and proofreading and, if necessary, translation.

Within 6 weeks after the site visit, ASHE coordinator shall send the report in electronic format to the evaluated HEI, for consideration and comments. HEI shall submit its official statement on the report to ASHE coordinator within 2 weeks of the receipt of the report. In its statement, HEI may point out factual inaccuracies or omissions, but may not present new facts or evidence that have not been presented by the last day of the site visit. ASHE coordinator shall send HEI's statement to the members of the panel for consideration; the panel may - if necessary - include additional amendments to the report and send the amended, final version to ASHE coordinator. The final report and HEI's official statement are submitted to the Accreditation Council for adoption. The adopted final report is submitted to HEI and published on the Agency's website in Croatian language, together with HEI's official statement on the report. Depending on the type of audit and/or profile of the audited HEI, a report summary or a complete final audit report is also published in English.

Feedback

Upon the publication of the adopted final report, the Agency shall collect feedback from the evaluated HEI and panel members. The data is collected for the purpose of improving the audit procedure and the overall work of ASHE.

Certificate

If, during the audit procedure, the panel determines that the evaluated IQAS is in the developed stage or higher by all evaluation elements, the Agency shall, upon the adoption of the final report, issue to the evaluated HEI a certificate on the development of IQAS, valid for a period of 5 years.

Complaints procedure

If the higher education institution finds that the expert panel did not conduct the audit procedure in the manner described in the Audit Manual and the Audit Ordinance, or is not satisfied with the audit outcome, it may lodge a complaint **within 15 days** of the receipt of the adopted audit report. New facts and new evidence that were not presented during the site visit cannot be presented in the complaint.

The complaint and the complete documentation of the audit procedure shall be considered by ASHE's Complaints Committee.

The Complaints Committee shall deliver to the Accreditation Council a written opinion on the issue **within 30 days** from the date of the receipt of HEI's complaint. The Accreditation Council shall consider the opinion of the Complaints Committee and make a final decision on the adoption of the final report. If the Accreditation Council decides not to adopt the final audit report, the evaluated HEI may propose that a new audit procedure is conducted.

Follow-up

Within 30 days after the adoption of the final audit report, HEI shall, in accordance with the recommendations contained in the final report, draw up an action plan of improvements for the period of **2 years**. HEI's action plan shall be submitted to the Agency's coordinator, who shall forward it to the panel.

The follow-up phase lasts **6 months** from the date the final audit report is adopted. Upon the completion of the **6-month** follow-up period, HEI shall submit a **follow-up report** to ASHE coordinator, containing a description and evidence of the activities that have been carried out, as well as an analysis of the effectiveness of implemented improvements. ASHE coordinator submits the follow-up report to the panel; within **3 weeks** of its receipt, the panel agrees on and finalizes the conclusion on the effectiveness of activities carried out during the follow-up phase.

At this stage, a final meeting is organized with the representatives of the audited HEI, attended by one member of the expert panel and ASHE coordinator; at the meeting, the implementation of HEI's action plan and the conclusions of the panel are presented, with the possibility of an open discussion.

Network of Quality Assurance Units at Croatian Higher Education Institutions (CroQAnet)

Two years after the adoption of the final report, the evaluated HEI submits to the Agency's coordinator a report on the implementation of its action plan, i.e. final results of 2-year plan of improvements.

The Agency organizes joint workshops within the Network of Quality Assurance Units at Croatian Higher Education Institutions *(CroQAnet)*, at which the audited HEIs present the results of activities undertaken following the panel recommendations.

APPENDICES

Template: Audit Timeline

Template: Audit Report

Template: Conclusion on the follow up phase

Audit Criteria - Criteria for Assessment of Development and Efficiency of Internal Quality Assurance System

Audit criteria

Criteria for Assessment of Development and Efficiency of Internal Quality Assurance System

Elements of evaluation	Initial phase	
1. Quality policy *The basis and the core of the process; general direction and goals related to the quality of all activities and processes whereby HEI mission statement is achieved.*	Quality policy represents a common understanding of quality at the level of the entire HEI, and a framework for action at the institutional, national and international levels. Quality policy is in line with strategic direction, mission and vision of the HEI, and is achieved in some activities and organizational processes. In creating and adopting developmental policies, HEI uses QAS data to some degree. Internal and external stakeholders are not included, or are insufficiently included in this process.	
2. Planning and management *Establishing goals for the purpose of accomplishing HEI's mission; determining processes and resources necessary for achieving these goals; identifying risks and opportunities; managing processes.*	HEI uses QAS data in planning to some degree. The planning process involves defining resources, responsibilities, deadlines, outcomes, performance indicators and methods of reporting on the implementation of plans for some HEI's activities. HEI has some mechanisms for collecting and evaluating information related to human resources. HEI has some mechanisms for collecting and evaluating information related to physical resources.	
3. Implementation and monitoring *Implementation of planned processes; monitoring of implementation.*	HEI has a system in place for monitoring the quality of implementation of processes and activities, and whether the defined goals and objectives have been achieved. QA system provides support to monitoring the quality of the implementation of processes and activities, and to the achievement of defined goals and objectives. HEI collects, analyses, and uses data for managing some of the core institutional activities. QA procedures stimulate the development of quality culture.	
4. Evaluation *Evaluation of planned processes and the results thereof against the defined goals and objectives; analyses and reports on the results of this evaluation.*	QA system occasionally goes through internal and external evaluation procedures. Institutional processes are evaluated during and at the end of a process. The quality of process results is largely based on individual efforts.	
5. Improvements, innovations, impact *Implementation of measures for improvement based on the results of process evaluation; innovation in processes; impact of QA processes on the development of HEI.*	Development and improvement of quality of some HEI activities and processes are based on analyses and data collected through the quality assurance system. There are some activities related to the efficiency assessment of QA system. HEI conducts analyses of internal and external quality assurance processes. Quality assurance system is partially coherent.	

	Developed phase	Advanced phase
	Quality policy represents a common understanding of quality at the level of the entire HEI; it adequately reflects the general direction and goals related to the quality of all activities and processes, and represents a framework for action at the institutional, national and international levels. Quality policy is in line with strategic direction, mission and vision of the HEI, and is achieved in core activities and organizational processes. In creating and adopting developmental policies, HEI uses QAS data. Internal and external stakeholders are included in this process.	Quality policy represents a common understanding of quality at the level of the entire HEI; it adequately reflects the general direction and goals related to the quality of all activities and processes, values, ethical principles and good practice in quality assurance, and represents a framework for action at the institutional, national and international levels. QAS reflects HEI's strategic direction and relevant and rational goals; there is a clear link between HEI's strategic goals and sustainable development of society as a whole. Quality policy is clearly discernible in all activities and organizational processes. In creating and adopting developmental policies, HEI uses relevant QAS data in order to create a stimulating environment for further development. Internal and external stakeholders are actively involved in this process, and contribute to the development of QAS.
	Relevant QAS data is used in planning. The planning process involves defining resources, responsibilities, deadlines, outcomes, performance indicators and methods of reporting on the implementation of plans for core activities of the HEI. HEI has mechanisms for collecting and evaluating information related to human resources. HEI has mechanisms for collecting and evaluating information related to physical resources.	Relevant QAS data, including risk assessment results, is used in planning. The planning process involves defining resources, responsibilities, deadlines, outcomes, performance indicators and methods of reporting on the implementation of plans for all activities of the HEI. HEI has efficient mechanisms for collecting and evaluating information related to human resources. HEI has efficient mechanisms for collecting and evaluating information related to physical resources.
	HEI has a system in place for monitoring the quality of implementation of processes and activities at individual stages, as well as whether the defined goals and objectives have been achieved. QA system provides support to monitoring the quality of the implementation of processes and activities, and to the achievement of defined goals and objectives. HEI ensures the collection, analyses and use of data for managing relevant institutional activities. QA procedures stimulate the development of quality culture and some activities of the HEI.	HEI has an efficient system in place for monitoring the quality of implementation of processes and activities at individual stages, as well as whether the defined goals and objectives have been achieved. HEI ensures the collection, analyses and use of data for managing all institutional activities. QA procedures have a positive effect on the development of quality culture and all institutional activities (in line with ESG).
	QA system periodically goes through internal and external evaluation procedures, and is partially revised based on the results of these procedures. The stakeholders are informed on the outcomes of these procedures in a timely manner. Institutional processes are evaluated during and at the end of a process, and the results of these evaluations are used in planning and decision-making. The quality of process results is mainly based on group efforts at the level of HEI.	QA system is periodically revised and improved on the basis of regular internal and external evaluation procedures in line with the ESG, and the stakeholders are informed on the outcomes of these procedures in a timely manner. Institutional processes are evaluated during and at the end of a process, particularly with regard to their fitness-for-purpose, and the results of these evaluations are systematically used in planning and decision-making. The quality of process results is fully the result of collective efforts at the level of the entire HEI.
	Development and improvement of quality of HEI's core activities and processes are based on analyses and data collected through the quality assurance system. The effectiveness of some aspects of the internal QA system is based on evidence. HEI carries out assessments of the impact of internal and external quality assurance processes. Quality assurance system is coherent.	Development and improvement of quality of all institutional activities and processes are based on analyses and data collected through the quality assurance system. The effectiveness of all the aspects of internal QA system is based on evidence. The joint impact of internal and external quality assurance processes on institutional development is analysed and monitored. Quality assurance system is coherent and fit for purpose.
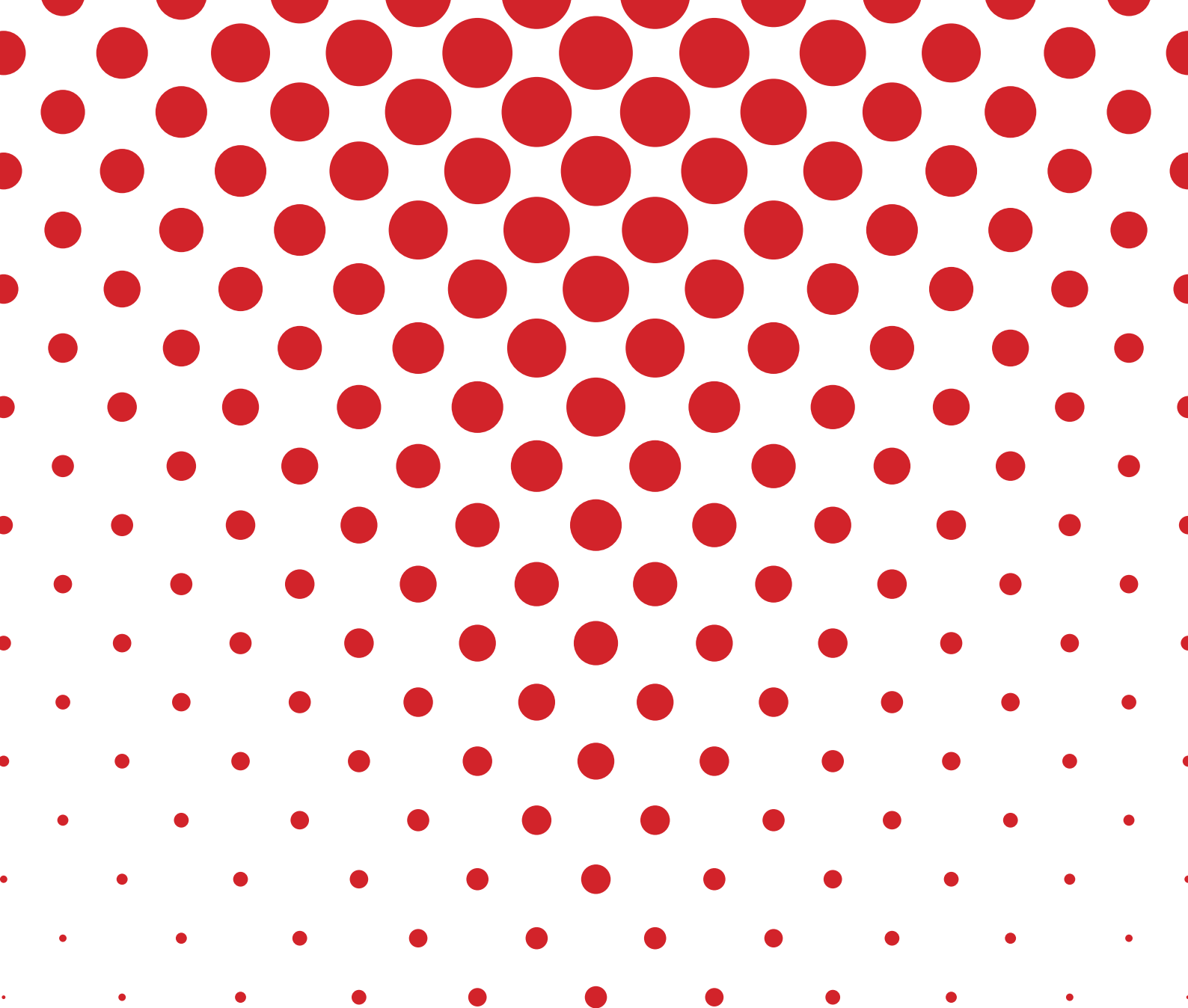
agency for science and higher education croatia