

## Establishing and development of Quality Assurance Centers at Azerbaijan Universities - EQAC 586351-EPP-1-2017-1-AZ-EPPKA2-CBHE-JP

## ASSESSMENT OF NEEDS ANALYSIS PRESENTED BY SUMGAYIT STATE UNIVERSITY (SSU) UNDERTAKEN BY ASSOC. PROF. DR. INGA JUKNYTĖ-PETREIKIENĖ UNIVERSITY OF APPLIED SOCIAL SCIENCES (SMK), LITHUANIA SEPTEMBER 2018

This assessment provided by University of Applied Social Sciences is produced as part of the ERASMUS+ project "Establishment and Development of Quality Assurance Centres in Azerbaijani Universities" (EQAC) and has been undertaken in accordance with the guidelines for assessment provided by the Project Co-ordinator. Remarks and suggestions are presented with a view to providing a practical framework in which Sumgayit State University (herein after SSU) could apply to improve its Internal Quality Assurance System.

The SER of the existing internal quality assurance system of SSU was developed using ISO 9001:2015 as a point of reference. Yet, the guidelines for assessment (as determined by the Project Co-ordinator) require that external experts focus on how well partners institutions have adapted, or could adapt to integrate the Standards and Guidelines for Quality Assurance in European Higher Education Area 2015 (ESG). Consequently, the observations presented below in the table relates to the use of ISO 9001:2015. Nevertheless, in order to integrate ISO 9001:2015 and ESG requirements, it is provided comments as to how the weaknesses highlighted in the existing internal quality assurance system of SSU could be improved in accordance of ESG 2015 standards.

At what extend internal quality assurance system of SSU is based on the provisions of ESG 2015, it is necessary to find out during the meeting in October with SSU community. Actions for the improvement presented in the table below can be supplemented afterwards.

| Issue as identified by ISO 9001-2015            | Conformity  | Nonconformity                      | Actions for the improvement  |
|---|---|------------------------------------|--|
| 130 9001-2013                                   |   | Context of the organization        |  |
| 1.1 Understand the organization and its context | The determination process of external and internal issues relevant to SSU purpose and its | provided on the methods to be used | Expand and strengthen the methodology to understand the key internal and external factors that influence SSU activities and performance by exploring: the documents and tools like |

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|--|---|--|--|
|  | strategic direction is in place. Monitoring and reviewing system of the internal and external issues at SSU is established. | external and internal issues relevant to SSU goals.  | records of meetings where context is routinely discussed and monitored; the PESTLE (Political, Economic, Social, Technological, Legal, Environmental) analysis tools for external issues; the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis tools for internal issues; the other documented information describing organizational context etc.   |
| 1.2 Understanding the needs and expectations of interested parties | SSU seeks to determine the needs and expectations of interested parties that are relevant to the quality management system. | However, there is no information provided on the methods to be used for determination the needs and expectations of interested parties   | Monitor and review information about stakeholders and their relevant requirements by permanent review of all relevant legal requirements; by establishing feedback system; by recording surveys, networking, meeting face-to-face, attending conferences, workshops, other public events; by participating in benchmarking etc.  |
| 1.3 Determining the scope of the quality management system         |   | SSU didn't determine the boundaries and applicability of the quality management system to establish its scope. The scope of the organization's quality management system is not available and can't be maintained as documented information. The scope of the types of products and services as requirement of this International Standard are not identified as scope of SSU quality management system. | To verify that the scope of QAS of SSU exists as documented information (which may be contained in the quality manual). Consider context (internal and external issues and the requirements of stakeholders) an its links to ESG 2015. State the types of products (e.g. research outputs) and services (e.g. education, training) covered by the QAS of SSU.  |
| 1.4 Quality management systems and its processes                   | Unit of Evaluation and Quality<br>Control of SSU is established.  | However, quality management system including the processes, their sequence and interaction of SSU is not developed yet. The inputs required and the outputs expected from these processes are not determined, there are no defined criteria and methods (including monitoring, measurements and related performance indicators) needed to ensure the effective operation and control of these processes. | Develop the internal QAS based on ESG 2015 by identification of the key and supporting processes; determinate the sequence and interaction of processes; controlling of outsourced processes.  Ensure that the documentation is created and maintained by SSU to support the operation of QAS processes, such documentation might be in the form of quality assurance handbook, teaching staff handbook, student handbook, templates and forms for curriculum description of the courses, examination, other guidance material in physical samples (if relevant) as well as in IT systems (including intranet and internet). |



| Issue as identified by ISO 9001-2015 | Conformity | Nonconformity | Actions for the improvement  |
|--------------------------------------|------------|---------------|--|
|                                      |            |               | Ensure that the information identification and retain comply with ESG standard 1.7 Information management and shows that the processes of QAS is carried out as it is planned. |
| 2. Leadership                        |            |               |  |

| Issue as identified by ISO 9001-2015 | Conformity  | Nonconformity  | Actions for the improvement  |
|--------------------------------------|---|--|--|
| 2.1 Leadership and Commitment        | The top management of SSU takes accountability for the effectiveness of the quality management system.  | However, there is no explicit commitment of top management of SSU expressed by allocation of resources to QAS implementation and development. There is no communication within SSU on the importance of effective quality management and conforming to the quality management system requirements.  There is no commitment to ensure customer (stakeholder) focused approach and address the needs of customers (stakeholders) and enhance their satisfaction. | Top management of SSU must ensure that the human and financial resources needed for implementing the QAS are available. The actions required of top management of SSU must include:  1. Developing and supporting the QAS by defining and communicating policies;  2. Establishing organizational objectives related to QAS;  3. Ensuring appropriate resources for QAS are available.  4. Implementing and improving the QAS by encouraging employees to achieve requirements;  5. Reviewing QAS performance and ensuring resources are available to improve the QAS.  Top management of SSU must ensure that a process exists to achieve customer (stakeholders) approach by doing the following:  1. Identifying customer (stakeholder) requirements (See 1.2 Understanding the needs and expectations of interested parties);  2. Meeting customer (stakeholder) requirements;  3. Enhancing customer (stakeholder) satisfaction by improving higher education and research processes. |
| 2.2 Policy                           | Rector of the University ensured that the quality policy and quality objectives are established for the quality management system and are compatible with the context and strategic direction of the organization and ensured the integration of the quality management system requirements into SSU higher education and research processes. | Although the t the quality policy and quality objectives are established, the Quality policy is not maintained as documented information and therefore is not communicated within SSU and is not available publicly.   | Top management of SSU should establish the Quality Policy of SSU in compliance with ESG 2015 standard 1.1. Policy for Quality Assurance and demonstrate that the quality policy is compatible with the strategic direction and context of SSU, with stakeholders and their requirements. Quality Policy of SSU should ascertain that processes of continual improvement are implied and known throughout the SSU and it should be signed by the Rector of SSU.  Quality Policy of SSU must be publicly available to any relevant stakeholder on the website of SSU, for instance.  |



| Issue as identified by ISO 9001-2015  | Conformity | Nonconformity  | Actions for the improvement   |  |
|---------------------------------------|------------|--|---|--|
| 2.3 Roles, Responsibility & Authority |            | Top management of SSU do not assigned the responsibility and authority for the management conformation with international standards (ISO 9001:2015 or / and ESG) | Assign the responsibility and authority for ensuring that the quality management system conforms to the requirements of international standards (ISO 9001:2015 or / and ESG). Ensure that SSU personnel have not only been advised of their responsibilities and authorities, but also that they understand these in the context of the overall purpose of the QAS. |  |
| 3.Planning                            |            |  |   |  |

| Issue as identified by ISO 9001-2015             | Conformity  | Nonconformity  | Actions for the improvement   |
|--|---|--|---|
| 3.1 Actions to Address Risks and Opportunities   |   | It is not promoted the use of the process approach and risk-based thinking at SSU.   | SSU should seek and record evidence that it has taken a planned approach to addressing risks and accomplishing opportunities to the benefit of the QAS, education, and research. Objective evidence could be in the following various forms:  1. Meeting minutes; 2. SWOT analysis; 3. Reports on stakeholders' feedback; 4. Competitor analysis; 5. Planning, analysis and evaluation activities; 6. Strategic planning documents; 7. Design and development reviews of curricula of courses; 8. Management review minutes; 9. Risk determination or evaluation records.   |
| 3.2 Quality objectives and plans to achieve them | SSU has established quality objectives at relevant functions, levels and processes needed for the quality management system | However, the quality objectives are not measurable, are not relevant to conformity of higher education and research products and services and to enhancement of customer (stakeholder) satisfaction. Quality objectives are not monitored and communicated.  There is no evidence on how quality objectives and targets are documented at each relevant function and level within the SSU. Does the scope and number of the objectives and targets are realistic and achievable? What kind of indicators will be used to track the progress? | The quality objectives as the overall goals shall be reflected in the principles established in the Quality Policy. The appropriate level(s) of management personnel at SSU should define the targets. Targets must be quantified where practicable and comply with ESG standard 1.7 Information management. The action plan of quality assurance must:  1. Address each objective and target; 2. Designate the personnel responsible for achieving targets at each relevant function / level of SSU; 3. Establish a time-frame or a schedule for achieving each target.  To ensure the progress of the action plan and a coordinated effort, a target leader should be selected for each target. Communicate the expectations and responsibilities laid out in the action plans to those who need to know. Quality assurance centre should seek and record evidence that effective planning was undertaken in support of SSU quality objectives and their achievement. |



| Issue as identified by ISO 9001-2015 | Conformity | Nonconformity   | Actions for the improvement  |  |
|--------------------------------------|------------|---|--|--|
| 3.3 Planning for change              |            | There is not expressed perception of understanding that changes shall be carried out in a planned manner. | SSU should identify the risks and opportunities associated with changes. In order to realize the benefits associated with the identified risks and opportunities, subsequent changes to the management system may be needed. These changes could relate to any aspect of any process, such as inputs, resources, personnel, activities, measurements, and outputs of higher education and research.  Top management of SSU should ensure that all personnel are made aware of any changes which affect their process, and that subsequent monitoring is undertaken to ensure that QAS and education as well as research changes are effectively implemented. |  |
|                                      | 4.Support  |   |  |  |



| Issue as identified by ISO 9001-2015 | Conformity   | Nonconformity  | Actions for the improvement  |
|--------------------------------------|--|--|--|
| 4.1 Resources                        | No sufficient information provided about the human resources, infrastructure, environment, monitoring and measuring resources, organisational knowledge necessary for the effective implementation of QAS as well as higher education and research processes | No sufficient information provided about the human resources, infrastructure, environment, monitoring and measuring resources, organisational knowledge necessary for the effective implementation of QAS as well as higher education and research processes. However, it is stated in SER that SSU library is not accessible electronically. SSU laboratory and classrooms should be renovated. | SSU should ensure that it has determined and provided the resources needed for the establishment, implementation, maintenance and continual improvement of the QAS. It is necessary to check that SSU has identified which resources (infrastructure, finance, personnel and IT etc) it needs to make available in order to ensure the effective operation of the QAS and higher education and research processes.  It is necessary to describe how SSU allocates its staff in order to achieve the required outcomes. The senior management need to determine the resource needed and maintain this. It should be recorded evidence to confirm that SSU has provided the staff necessary for the effective implementation of the QAS and higher education and research processes.  It is necessary to observe and record evidence to confirm that SSU has provided the infrastructure and a work and study environment necessary for the achievement of effective implementation of the QAS and higher education and research processes in compliance with ESG 2015 standard 1.6 Learning resources and student support.  SSU should verify that those monitoring and measuring resources used by SSU are suitable and comply with ESG 2015 standard 1.7 Information management and standard 1.9 On-going monitoring and periodic review of programmes. |



| Issue as identified by ISO 9001-2015 | Conformity   | Nonconformity   | Actions for the improvement  |
|--------------------------------------|--|---|--|
| 4.2 Competence                       | No sufficient information provided how SSU ensure the competence of its human resources (staff and students) for effective implementation of the QAS as well as higher education and research processes. | No sufficient information provided how SSU ensure the competence of its human resources (staff and students) for effective implementation of the QAS as well as higher education and research processes.  However, it is stated in SER that there is no clear vision by the university administration how the trainings are aligned with the needs and expectations of teaching body. Teachers need to be equipped with research skills, ICT, communication, time management, interactive teaching methods, student-teacher relationships, motivation skills, self-study and etc. | SSU should establish a process of assessing and competency-based training of existing staff and students' competencies against changing education and research needs and prevailing trends. SSU should ensure that all staff and students of SSU are competent in accordance with ESG 2015 standard 1.4 Student admission, progression, recognition and certification and standard 1.5 Teaching staff.               |
| 4.3 Awareness                        | No sufficient information provided how the community of SSU is aware about quality objectives, their contribution to the effectiveness of QAS and higher education and research processes                | No sufficient information provided how the community of SSU is aware about quality objectives, their contribution to the effectiveness of QAS and higher education and research processes   | SSU should ensure that the all community is made aware of:  1. The quality policy; 2. Relevant quality objectives; 3. Their contribution to the effectiveness of the QAS; 4. Benefits of improved performance; 5. The implications of not conforming to QAS requirements. The implementation of awareness should comply with ESG 2015 standard 1.1 Policy for quality assurance and standard 1.8 Public information. |



| Issue as identified by ISO 9001-2015 | Conformity  | Nonconformity   | Actions for the improvement  |  |
|--------------------------------------|---|---|--|--|
| 4.4 Communication                    | No sufficient information provided how the communication with internal and external stakeholders is organized | No sufficient information provided how the communication with internal and external stakeholders is organized | SSU should identify the necessary internal and external communications (what, when, with whom and how) that are required for the operation of QAS and higher education and research processes. The communication should comply with ESG 2015 standard 1.7 Information management and standard 1.8 Public information. Communication could be performed by:  1. Newsletters. 2. Open house days. 3. Annual meetings with internal stakeholders. 4. Suggestion box. 5. Annual reports or newsletters of performance sent to external stakeholders. 6. Availability of results of external evaluations / accreditations. 7. Policies published in the media and press releases. |  |
| 4.5 Documented Information           | No information provided about<br>the documented Information in respect<br>of QAS                              | No information provided about the documented Information in respect of QAS                                    | SSU should determine the level of documented information, its creation and renewal necessary for the effective implementation of the QAS and higher education and research processes in accordance with national legislation (e.g. data protection) and ESG 2015 standard 1.7 Information management and standard 1.9 On-going monitoring and periodic review of programmes.   |  |
| 5. Operation                         |   |   |  |  |



| Issue as identified by ISO 9001-2015                     | Conformity   | Nonconformity  | Actions for the improvement  |
|--|--|--|--|
| 5.1 Operational Planning and<br>Control                  | No information provided about<br>the operational planning and control at<br>SSU in respect of QAS and higher<br>education and research<br>processes  | No information provided about the operational planning and control at SSU in respect of QAS and higher education and research processes  However, it is stated in SER that curriculum of the programmes needs to be updated.                             | SSU should ensure that the implemented processes are controlled as planned and that there is evidence that SSU has evaluated the effectiveness of actions taken when addressing risks and opportunities. Planning and control at SSU should comply with ESG 2015 standard 1.2 Design and approval of programmes.                         |
| 5.2 Requirements for Products and Services               | No information provided about the communication with stakeholders, the determination as well as review and changes of requirements for higher education and research products and services to be offered for stakeholders by SSU | No information provided about the communication with stakeholders, the determination as well as review and changes of requirements for higher education and research products and services to be offered for stakeholders by SSU                         | SSU should ensure that it has the ability and capacity to meet the requirements for higher education and research in accordance with national legislation and ESG 2015 standard 1.4 Student admission, progression, recognition and certification; standard 1.5 Teaching staff; and standard 1.6 Learning resources and student support. |
|  |  | However, it is stated in SER that there is no clear vision by the university administration how the trainings are aligned with the needs and expectations of teaching body.  |  |
| 5.3 Design and development of products and services      | No information provided about established, implemented and maintained design and development process of higher education and research products and services at SSU   | No information provided about established, implemented and maintained design and development process of higher education and research products and services at SSU.  However, it is stated in SER that curriculum of the programmes needs to be updated. | SSU should define its arrangements for establishing, implementing and maintaining a design and development process of higher education and research including planning, inputs, controls, outputs and changes in accordance with national legislation and ESG 2015 standard 1.2 Design and approval of programmes.                       |
| 5.4 Control of externally provided products and services | No information provided how SSU ensure that externally provided processes, products and services conform to requirements   | No information provided how SSU ensure that externally provided processes, products and services conform to requirements   | SSU need to identify which materials and services it purchases affect the quality of higher education and research products and services the most. Based upon this information, establish criteria for selection and monitoring of the suppliers.  |



| Issue as identified by                  | Conformity   | Nonconformity  | Actions for the improvement  |
|---|--|--|--|
| 5.5 Product and Service<br>Provision    | No information provided how SSU ensure quality of implemented higher education and research products and services  | No information provided how SSU ensure quality of implemented higher education and research products and services  | SSU should ensure that the conditions by which higher education and research products and services are provided are under control and in compliance with ESG 2015 standard 1.3 Student-centred learning, teaching and assessment.  |
|   |  | As it is stated in SER student-teacher relationship is not students-centered. Teachers' expectations on students are more on obedience, listening and taking notes. In most of the cases critical reflections on the learned or discussed materials are not supported and welcomed |  |
| 5.6 Release of Products and<br>Services | No information provided how SSU implements planned arrangements, at appropriate stages, to verify that higher education and research products and services requirements have been met.         | No information provided how SSU implements planned arrangements, at appropriate stages, to verify that higher education and research products and services requirements have been met.  However, it is stated in SER that curriculum of the programmes needs to be updated.        | SSU must show evidence that a process (method, techniques, formats, etc.) is in place to monitor and measure the characteristics of higher education and research products and services to verify that requirements are being met. This must be accomplished at appropriate stages of the design and development process in in accordance with national legislation and ESG 2015 standard 1.2 Design and approval of programmes. |
| 5.7 Non-conforming Outputs              | No information provided how SSU ensure that outputs of higher education and research products and services that do not conform to their requirements are identified, controlled and corrected. | No information provided how SSU ensure that outputs of higher education and research products and services that do not conform to their requirements are identified, controlled and corrected.   | SSU should ensure that outputs of higher education and research products and services that do not conform to their requirements are identified, controlled and corrected in accordance with ESG 2015 standard 1.9 On-going monitoring and periodic review of programmes.   |
|   | corrected.   | 6. Performance Evaluation  | <u> </u>   |



| Issue as identified by ISO 9001-2015                    | Conformity  | Nonconformity  | Actions for the improvement  |
|---|---|--|--|
| 6.1 Monitoring, Measurement,<br>Analysis and Evaluation | There is a perception that the needs of stakeholders must be monitored and measured   | However, SSU doesn't evaluate the performance and the effectiveness of the quality management system as well as higher education and research outputs. Appropriate documented information as evidence of the results are not retained. | SSU should verify that those monitoring, measuring, analysis and evaluation procedures are suitable and comply with ESG 2015 standard 1.7 Information management, standard 1.9 On-going monitoring and periodic review of programmes, and standard 1.10 Cyclical external quality assurance  |
| 6.2 Internal Audit                                      |   | Internal audits at SSU are not planned and implemented.  | SSU should establish an internal audit programme to cover all requirements of the standards. In addition, it should comply with ESG 2015 standard 1.9 On-going monitoring and periodic review of programmes.   |
| 6.3 Management Review                                   | No sufficient information provided on management review   | No sufficient information provided on management review  7. Improvement  | Top management of SSU must periodically review the management system to ensure its continuing suitability, adequacy, and effectiveness. The frequency or intervals of the top management's formal review must be defined. The management review must address the possible need for changes to policy, objectives, targets, and other elements of the QAS and products and services of higher education and research. The management review process must ensure that the necessary information is collected ahead of time to allow management to effectively carry out this evaluation. Information that must be reviewed includes:  1. Minutes from previous management reviews; 2. The policies, objectives and targets; 3. Results of QAS and process audits; 4. The extent to which objectives and quantitative and qualitative targets were met. |
|   |   | ·  |  |
| 7.1 Non-Conformity and<br>Corrective Action             | As it is stated in SER SSU is trying to consider the results of the outputs of management review, if there are needs or opportunities that shall be addressed as part of continual improvement. | However, there is no provided information how the nonconformity is detected and how it is reacted to eliminate the nonconformity   | <ul> <li>SSU is required to: <ol> <li>Take whatever action is necessary to control and correct the nonconformity, and to deal with any resultant environmental impact;</li> <li>Determine what caused the non-conformity and then to consider whether the potential for a similar problem remains;</li> </ol> </li> </ul>  |



| Issue as identified by ISO 9001-2015 | Conformity  | Nonconformity  | Actions for the improvement   |
|--------------------------------------|---|--|---|
|                                      |   |  | <ol> <li>Consider whether any further action is required to prevent a similar nonconformity recurring at the same place or occurring somewhere else, at some point in the future;</li> <li>Determine if similar non-conformity has occurred elsewhere and consequently whether it needs to take similar corrective action.</li> <li>SSU should first contain the problem and then determine its root cause in order to take appropriate corrective action to prevent the problem's recurrence in accordance with ESG 2015 standard 1.2 Design and approval of programmes, standard 1.9 On-going monitoring and periodic review of programmes, and standard 1.10 Cyclical external quality assurance.</li> </ol> |
| 7.2 Continual Improvement            | There is no provided information how SSU ensure the continual improvement of QAS. | There is no provided information how SSU ensure the continual improvement of QAS.  However, it is stated in SER that curriculum of the programmes needs to be updated. | SSU must be able to demonstrate continual improvement. SSU should selected the appropriate tools and techniques to investigate the causes and thereby establishing and implementing a process for continual improvement in accordance with ESG 2015 standard 1.2 Design and approval of programmes, standard 1.9 On-going monitoring and periodic review of programmes, and standard 1.10 Cyclical external quality assurance.  |

General observations on the interview (made in October, 2018) with representatives of Azerbaijan Cooperation University:

Representatives of Sumgayit State University were more defensive and less open and honest. To be able to identify the state of the art and provide the best suitable solutions for Sumgayit State University, EU experts need honest discussion about the strengths and weakness of current situation in terms of QAS.

The first observation is that in Sumgayit State University responsibility for QAS is perceived as business of staff of recently established QA Centre. There is no understanding that all departments, faculties and other organisational units as well as individual staff members and students have to take their responsibilities in quality assurance procedures. The involvement of external stakeholders (like graduates, employers) in quality assurance does not exist.

Bearing in mind that Azerbaijan Universities have some autonomy to develop and provide elective subjects, also they have an autonomy what kind of teaching, learning and assessment methods apply while teaching obligatory subjects, there is no in place the monitoring and periodic review of programmes, in terms changing needs of society, in terms of students' workload, progression and completion. In some cases, there are few attempts, however the stakeholders (students, employers, etc.) are not involved in the process of monitoring and periodic review of the curriculum.



There is no system in place to collect, analyse and use relevant information for the effective management of programmes and other activities of Sumgayit State University, e.g. career paths of graduates.

Student-centred learning, teaching and assessment approach is not introduced, e.g. students are not aware what learning outcomes are expected from them and what are the criteria used in assessing they achievements.

However, in spite of above-mentioned shortages, there are some good bases, some good groundwork for developing an internal quality assurance system. First of all, the feedback system to gather the opinions of students on teaching is established. Of course, it needs to be improved, but anyway something substantial already exists.

Secondly, some support activities for the teaching staff exists. In Sumgayit State University Centre for Teaching and Learning development was established as one of outcome of the international project. Unfortunately, they provide workshops on research, not on teaching, learning, and assessment methodology. But usually, upgrading of teaching staff competences is outsourced or in case there are some complains about the teacher, he / she is just dismissed. Higher education institutions have primary responsibility for the quality of their staff and for providing them with a supportive environment that allows them to carry out their work effectively.