

Assessment of Needs Analysis Odlar Yurdu University

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Introduction

As part of the preparation work of the Establishment and Development of Quality Assurance Centers in Azerbaijani Universities” (EQAC) Erasmus+ CBHE project, each Partner Country Institution (PCI) has to produce a Self Evaluation Report (SER) on current Quality Assurance (QA) practices. EU partners are required to review these reports and provide their comments. Emphasis is given on providing guidance on how each PCI will need to make the necessary adjustments to its QA policies, procedures and framework of practice in order to align to international standards.

The consortium agreed that the self-evaluation would be based on the use of ISO 9001:2015. Furthermore, the consortium decided that assessment should also consider whether PCIs have adapted, or could adapt to integrate the Standards and Guidelines for Quality Assurance in European Higher Education Area 2015 (ESG).

This report provides insights on the review conducted by the EU partner based on the use of the SER and a follow up interview that took place in Baku. The scope of the interview was to ensure that the EU partner could clarify whether certain QA practices existed, even though they may not be presented in the original SER.

Assessment of OYU QA alignment to ISO 9001:2015

The following table format is used to summarise the findings from (i) the SER provided by the PCI, (ii) the comments from the EU partner reviewing the SER and (iii) notes from the follow-up interview between the PCI and the EU partner. There are seven tables corresponding to the different sections of the ISO 9001:2015 as follows:

1. Context of the organisation
2. Leadership
3. Planning
4. Support
5. Operation
6. Performance evaluation
7. Improvement

Information presented in the following tables is generated as follows. The first column provides the ISO 9001-2015 issue that is used for the self-assessment. The second and third columns provide the EU views following

the review of the SER and the interview notes. Finally the fourth column provides a summary of actions that must be taken to ensure compliance.

1. Context of the Organisation

Issue as identified by ISO 9001-2015	Conformity	Nonconformity	Actions for improvement
1.1 Understanding the organisation and its context	N/A	The section is not covered.	Providing a few lines to describe when the institution was established, the role of QA in the way that it operates and some history on developments in relation to QA.
1.2 Understanding the needs and expectations of interested parties	It appears that the main issues are associated with (i) lack of experience and knowledge in modern quality assurance approaches in higher education and (ii) insufficient documentation supporting quality assurance in the institution.	This section is based on the use of a table that is not that useful in this format. It is assumed that the second column of the table corresponds to the section focused on the understanding of needs.	Identifying the real needs and proceed with more in-depth analysis. Considering whether there is the need for training, new staff with skills in introducing QA practices, revision of existing QA approach, major rethink of current processes and documentation, etc.
1.3 Determining the scope of the quality management system	It appears that major stakeholders involved in the data collection reached consensus on the fact that the introduction of a quality management system is critical.	The report should provide a couple more lines on the major areas that will be affected positively from the introduction of the management system.	Providing more information on what are the problems affecting the implementation of the system.
1.4 Quality management systems and its processes	N/A	Quality management system components should be aligned to the corresponding needs.	Discussing on the key components of the quality management system and associated processes that are needed.

2. Leadership

Issue as identified by ISO 9001-2015	Conformity	Nonconformity	Actions for improvement
2.1 Leadership and Commitment	There have been discussions with stakeholders on the role of their commitment to the success of the quality management system. The institution should identify the customers for this exercise, who are likely to be end users of the system (i.e. administrative staff dealing with quality), members of the QAC and indirectly students and academics served by the enhanced QA. It is anticipated to have clear statements from	Discussions should be performed in a more formal way and it should be also documented. The statements provided are generic and do not offer any useful information on how focused leadership is on customer needs.	Holding certain briefing sessions with senior staff across all faculties and those staff at operational level (e.g. administration) that will interact with the system directly or provide information. The briefing sessions should have a clear agenda and specific objectives, while records should be kept about the individuals who have been briefed and

	<p>the institution's leaders (e.g. rector, vice rectors, deans) on how they plan to support the system and its operation in a way that it will help its effectiveness towards improving QA functions. These statements should have specific references to the customers (i.e. stakeholders) of the system and how the commitment shown by senior management is likely to make an impact on their roles or have clear benefits to them (e.g. gains for students and staff).</p>	<p>their response stating the level of commitment indicated from each one of them.</p>	
2.2 Policy	<p>The report clearly states that a new policy on quality has been introduced and at institutional level there are clear duties and responsibilities identified, as well as accountability.</p>	<p>It would be really helpful to provide some information on the key roles identified as part of the quality management system and the sort of responsibilities and accountability they have been assigned.</p>	<p>Providing more context on the "absence of communication at the highest level" and in particular the reasons behind this absenteeism. It is also necessary to explain what steps are taken to meet international standards and how senior management supports them.</p> <p>Providing more information on the Reporting System, its scope, functions and what institutional needs it serves.</p> <p>Discussing further the "new mechanisms for the involvement of customers to the university life".</p> <p>Identify the reasons for the weaknesses in implementing actions in communicating the policy.</p>
2.3 Roles, Responsibility & Authority	N/A	Missing section.	<p>Providing the structure and hierarchy of the roles supporting the implementation of the QA policy with brief explanation on responsibilities and authorities of each role.</p>

3. Planning

Issue as identified	Conformity	Nonconformity	Actions for
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by ISO 9001-2015			improvement
3.1 Actions to Address Risks and Opportunities			
3.2 Quality objectives and plans to achieve them	It is reassuring that there are clear goals and an action plan in place	it essential to briefly outline the goals set and the corresponding action plan.	Discussing the statements on changes and circumstances affecting the plan in more detail.
3.3 Planning for change	It appears that the institution is committed to introduce new QA measurement methods. These may be in the form of EQAC deliverables, but must be clarified in a brief sentence.	It appears that the institution does not have a mechanism for disseminating change internally.	Considering the use of a centralized portal for storing QA policy documentation. Emails should be used for notifying stakeholders with an outline of any changes. Documentation versioning should ensure that individuals have access to the most recent information.

4. Support

Issue as identified by ISO 9001-2015	Conformity	Nonconformity	Actions for improvement
4.1 Resources	There is a list of resources but they are not really relevant to the support of QA.	It is expected to focus on general mechanisms deployed for QA support, key roles or individuals who are essential for QA implementation, the necessary infrastructure including specific premises and equipment of the QAC, any monitoring mechanisms or key performance indicators and prior experience in supporting policies or initiatives at institutional level.	Refocusing the way resources are discussed.
4.2 Competence	The institution provides several examples of the institution's efforts to ensure there are sufficient skills. The report discusses some very good initiatives aiming to improve competencies of staff. However these are not clearly intended for QA roles.	The fact that there is currently no evaluation for staff performance shows a gap in assessing QA effectiveness.	Considering the introduction of self-evaluation forms combined with annual appraisals aligned to individual roles and their responsibilities. Creating a community of QA-focused staff amongst faculty staff, who will liaise with QAC staff. Continuous Professional Development initiatives are needed with emphasis on integrating QA into faculty operations both academic and administrative.
4.3 Awareness	It is mentioned that staff	It is necessary to	Stating how information

	is informed at meetings of the scientific council, which is really positive but rather generic.	identify all meetings that are taking place at the institution, the Terms of Reference (i.e. what is the scope of each meeting) and the roles that are invited to each meeting.	is further cascaded to the entire staff (e.g. who has the responsibility to disseminate changes and policy updates and to whom). Perhaps you may consider a QA handbook that is provided as part of induction to each staff and updates are made annually with email reminders across all roles affected.
4.4 Communication	A generic statement is provided for open days and electronic means being used for communication.	It is important to understand that this section relates to the way the institution communicates to its staff existing support mechanisms.	Explaining how staff is informed about the support provided by emphasising on the types of communication means used (e.g. meetings, emails), whether they happen periodically (e.g. monthly) and whether certain communication lists are used according to the need for updates for each role.
4.5 Documented Information	There is mention for information retention that is unclear.	There is no reference to the format used for documenting the support mechanisms that are in place.	Providing detailed description of the different documentation types.

5. Operation

Issue as identified by ISO 9001-2015	Conformity	Nonconformity	Actions for improvement
5.1 Operational Planning and Control	N/A	The institution needs to provide the necessary section.	Producing an operational plan.
5.2 Requirements for Products and Services	N/A	The institution needs to provide the necessary section.	Identifying requirements for products and services.
5.3 Design and development of products and services	N/A	The institution needs to provide the necessary section.	Describing products and services.
5.4 Control of externally provided products and services	N/A	The institution needs to provide the necessary section.	Identifying quality criteria for assessing external outputs.
5.5 Product and Service Provision	N/A	The institution needs to provide the necessary section.	Explaining how products and services will be provided at institutional level.
5.6 Release of Products and Services	N/A	The institution needs to provide the necessary section.	Describing the way products and services will be released.
5.7 Non-conforming Outputs	N/A	The institution needs to provide the necessary section.	Identifying the process required to deal with non-conformity.

6. Performance evaluation

Issue as identified by ISO 9001-2015	Conformity	Nonconformity	Actions for improvement
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6.1 Monitoring, Measurement, Analysis and Evaluation	<p>The institution could consider certain criteria such as number of cases triggering QA actions, number of times operations failed to comply with policy, etc. There is mention on evaluation of curriculum but it is unclear whether this involves appropriately designed questionnaires.</p> <p>It is really positive that statistical analysis of assessment results is part of standard practice. It is necessary to identify how the results of this analysis are used to confirm that teaching quality is of acceptable standards. It is important to describe how the analysis results are communicated to teaching staff and students. Furthermore the institution should determine whether specific action plans are put together following the annual examinations, based on the analysis results (e.g. improve student support in courses that demonstrate significant number of fails). Depending on the national directives and the framework of practice provided by the relevant Ministry, the institution might consider the involvement of external assessors, examiners or moderators. The institution should provide a detailed description on how assessment is scrutinised (e.g. exams being second marked, 10% of coursework being moderated, samples scrutinized for grading consistency).</p>	<p>It is unclear whether tangible measurements are used or certain key performance indicators. It is also mentioned that exam tickets are used as a measure of performance, but it can be argued that student results cannot be directly attributed to QA.</p> <p>The institution needs to be more specific on the way it monitors customer satisfaction. It is important to identify stakeholders' ways to provide feedback on the performance of the QA policy (e.g. student satisfaction, staff views).</p> <p>The report states non-conformity of the institution between to the QA unit requirements. This is a critical point and must be elaborated further with emphasis on the reasons why the QA policy is not adhered to. Some issues are identified as part of the performance evaluation as follows:</p> <ul style="list-style-type: none"> (i) Lack of relevant organisations – this issue must be clarified. It is suggested for the institution to form an industry board to advise on quality issues. (ii) Low motivation – this issue must be clarified further. The QAC must provide incentives for the implementation of the quality plans and inform stakeholders for the benefits of a QA policy. (iii) Limited capacity and methods – this issue needs to be clarified. It is important to perform a risk analysis for the factors affecting the implementation of the QA policy. 	<p>Considering the evaluation of the QA management system when deployed, as well as creating logs of incidents regarding its infrastructures including networks and software. QA evaluation should attempt to gather 360-degree feedback by collecting views of all stakeholders involved (i.e. customer satisfaction).</p> <p>Part of the QAC responsibility should be to conduct frequent workshops, where most recent practices published in the relevant literature and international standards should be discussed.</p> <p>Some of the immediate actions would be (i) identifying qualitative and quantitative indicators, (ii) mapping measurement criteria to actions, (iii) documenting monitoring practices, (iv) balancing qualitative and quantitative monitoring methods, (v) introducing a systematic approach for monitoring and evaluation, (vi) identifying areas that require monitoring (e.g. student complaints, deferrals, course evaluation from students) and (vii) supporting the methods used with evidence from international institutions.</p>
6.2 Internal Audit	It is important to determine how audits		Identifying processes that can be audited and

	take place at institution level. Explanation should be provided for the lack of auditing processes.	create an auditing plan as part of the QA policy. Specific auditing mechanisms, and the necessary documentation is required.
6.3 Management Review	N/A	<p>It appears that there is nonconformity with strategic and action plans. It is important to consider the reasons for this and provide some insights. There seems to be sufficient motivation for top management to improve operations and conformity to policies. However there is no information on how the institution plans to enforce the implementation of the QA policy through incentives, rewards and penalties. There was no information provided for this section. The institution needs to identify how management can collect information regarding quality from different operations.</p> <p>Identifying all those areas where management attempts to make quality improvements. Each action needs a brief documentation and a plan on how to collect information, and perform the necessary analysis.</p>

7. Improvement

Issue as identified by ISO 9001-2015	Conformity	Nonconformity	Actions for improvement
7.1 Non-Conformity and Corrective Action	It appears that the institution has improvement in the core of its mission and certain actions are identified that are in line with international practice.	<p>It appears that the institution has in place a process to deal with nonconformity. It would be useful to provide the various steps of the actions taken in such cases. For example, are there actions relating to investigating the reasons for nonconformity, analysis of its impact and communication protocol in order to enforce policy to those who failed to adhere to specific rules?</p> <p>The documentation does not adhere to international standards, which can be rectified via a consultation phase leading to updates of QA</p>	<p>Identifying how action plans for each of the improvement areas are put in place to ensure that improvements are implemented, evaluated and influence the institution's future.</p> <p>There seems to be an issue relating to QA processes. This must be rewritten, as in its current state it is not very clear. It is assumed that the authors indicate weaknesses in introducing QA in various institutional processes.</p>

		documentation. Second,	
7.2 Continual Improvement	It appears that the institution is conscious of its ranking and what is required for further improvements.	N/A	It is suggested that the implementation of QA should be part of the institution's mission and evidence should be provided for the commitment of the institution in implementing QA.

Assessment of OYU QA alignment to ESG

The PCI QA systems are in most cases based on ad hoc practices or efforts to meet internal institutional needs or directives that govern the educational system at national level. Therefore it is necessary to consider the alignment of the QA systems that are currently in place with a common QA framework such as ESG. This section follows the key ESG requirements and provides the EU partner observations, as well as recommended actions. These are as follows:

1. QA Policy
2. Design and approval of programmes
3. Student centred learning, teaching and assessment
4. Student admission, progression, recognition and certification
5. Teaching staff
6. Learning resources and student support
7. Information management
8. Public information
9. On-going monitoring and periodic review of programmes
10. Cyclical external quality assurance

1. QA Policy

ESG definition: Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

Observation: The institution appears to be at the very early stages of putting together the necessary QA policies. Although certain steps are implemented as part of the EQAC project, it is certain that the QA centre needs a lot of effort towards institutional transformation. A lot of responsibilities are assigned to the Dean.

Proposed actions:

- Establish a clear scope for the institutional QA policy.
- Document QA policy and associated procedures.
- Identify QA roles, responsibilities and authority.

2. Design and approval of programmes

ESG definition: Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes.

Observation: The institution has its academic provision aligned to the national standards and receives approval from the corresponding ministry. The process is not clearly defined in the documentation provided.

Proposed actions:

- Introduce a process for the design of academic programmes.
- Document the process followed for programme approval.
- Identify internal and external roles associated with programme design and approval.

3. Student centred learning, teaching and assessment

ESG definition: Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

Observation: The institution has in place weekly sessions for the evaluation of the educational practices with emphasis on students' learning experience. A committee of staff is responsible to collect feedback from students and suggest improvements.

Proposed actions:

- Consider the introduction of additional evaluation methods.
- Focus on how assessment is scrutinised with peer reviews.
- Consider the use of moderation for setting assessments.

4. Student admission, progression, recognition and certification

ESG definition: Institutions should consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.

Observation: Admissions are based on national examinations. Progression is based on assessment results, but there is no detailed analysis of key performance indicators for the various stages of the student life cycle.

Proposed actions:

- Identify admissions criteria to establish a student baseline.
- Introduce key performance indicators for various stages of the student life cycle.
- Determine the way progression results will be used at programme level.

5. Teaching staff

ESG definition: Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff

Observation: The institution showed evidence of investing in its staff but without a strategic CPD programme in place. The main staff development is in the form of PhD study.

Proposed actions:

- Prepare a staff development policy.
- Establish a learning organisation culture.
- Put together a CPD programme.

6. Learning resources and student support

ESG definition: Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided. Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

Observation: The available resources seem appropriate for supporting the existing programmes but there was insufficient information on how the institution invests and plans their provision. The institution provides various types of support to its students.

Proposed actions:

- Identify different units and roles within the learning resources department.
- Determine the various types of support provided to students.
- Explain the process followed for supporting students and academic programmes.

7. Information management

ESG definition: Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

Observation: The institution collects sporadic data from various resources but there is no evidence that the data are analysed and used across the entire set of operations. It appears that there are certain areas where information management is used more, such as the student evaluation of teaching.

Proposed actions:

- Create an information management plan.
- Identify the sources of data.
- Provide a detailed approach on how data is analysed.

8. Public information

ESG definition: Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible

Observation: There was lack of information on what documentation is publically available.

Proposed actions:

- Identify the documents that will be publically available.
- Determine stakeholders for all public documentation.
- Explain the need for allowing public access to key documents.

9. On-going monitoring and periodic review of programmes

ESG definition: Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned

Observation:

Proposed actions:

- Identify the period for programme reviews.
- Determine the different programme review aspects.
- List the stakeholders involved in programme reviews.

10. Cyclical external quality assurance

ESG definition: Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

Observation: There is no clear description on how external roles are involved in quality assurance.

Proposed actions:

- Identify the need for external examiners.
- Determine the roles associated with external quality assurance.
- Specify the stages of the external quality assurance cycle.

General comments following the interview

The roles represented in the interview included:

- Head of International Relations (EQAC manager)
- Alumni/Graduate (Information Technology)
- Head of International Relations - Samira
- Deputy Head Department of Education (Head of QA Centre)
- Dean of Engineering Faculty
- Academic staff in Economics