

ENQA TARGETED REVIEW

ACCREDITATION AGENCY IN HEALTH AND SOCIAL SCIENCES (AHPGS)

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24 APRIL 2024

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EXECUTIVE SUMMARY

This targeted review report analyses the compliance of the Accreditation Agency in Health and Social Sciences AHPGS (Akkreditierungsagentur im Bereich Gesundheit und Soziales e.V.) with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG 2015) following the methodology described in the Guidelines for ENQA Targeted Reviews. The purpose of this targeted review is to ensure AHPGS's compliance with the ESG to renew AHPGS's membership in the European Association for Quality Assurance in Higher Education (ENQA) and its registration in the European Quality Assurance Register for Higher Education (EQAR).

The review was conducted in the period from June 2023 to April 2024, with a site visit conducted between 17th and 19th January 2024.

AHPGS operates in the field of quality assurance in health and social sciences and related fields. Its activities that fall within the scope of the ESGs comprise programme accreditation and system accreditation in Germany; as well as programme accreditation and institutional evaluation abroad. According to its mission statement, the "AHPGS sees itself as an organization that makes a significant contribution to securing and developing the quality of study and teaching at German universities and around the world".

In this targeted review, AHPGS is reviewed against the following ESGs: 2.1; 2.3; 2.4; 2.5; 2.6; and 3.4. Additionally, the agency's self-selected enhancement area is ESG 3.6. The review panel found the agency to be partially compliant in ESG 2.1; and compliant in the remaining ESGs reviewed in this targeted review.

Summary of agency's compliance with the ESG (Parts 2 and 3)

ESG	Compliance according to the targeted review ¹	Compliance transferred from the last full review ²
2.1 Consideration of internal quality assurance	Partially compliant	[N.A.]
2.2 Designing methodologies fit for purpose	Not included in the targeted review	Fully compliant ->Compliant
2.3 Implementing processes	Compliant	
2.4 Peer-review experts	Compliant	
2.5 Criteria for outcomes	Compliant	

¹ Compliance refers to the focus areas that were evaluated in depth and are part of the Terms of Reference, i.e., standards that were only partially compliant with the ESG during the last full review, ESG Part 2 for newly introduced or changed QA activities of the agency, ESG 2.1 for all QA activities and any standard affected by substantive changes since the last full review. If any of the standards of Part 2 of the ESG are covered due to the newly introduced or changed QA activities, a remark "for new or changed QA activities only" is added in brackets to the compliance assessment.

² Compliance refers to the last EQAR Register Committee decision for renewal of inclusion on the Register, or in case when an agency is not renewing its registration in EQAR, compliance refers to the last ENQA Agency Review report and should its judgement differ from that of the panel, the judgement of the ENQA Board, as stipulated in the membership decision letter by the ENQA Board. Compliance refers to the QA activities of the agency that were reviewed during the previous full review.

2.6 Reporting	Compliant	
2.7 Complaints and appeals	Not included in the targeted review	Substantially compliant ->Compliant
3.1 Activities, policy and processes for quality assurance	Not included in the targeted review	Substantially compliant ->Compliant
3.2 Official status	Not included in the targeted review	Fully compliant ->Compliant
3.3 Independence	Not included in the targeted review	Fully compliant ->Compliant
3.4 Thematic analysis	Compliant	
3.5 Resources	Not included in the targeted review	Fully compliant ->Compliant
3.6 Internal quality assurance and professional conduct	Agency-selected enhancement standard	Substantially compliant ->Compliant
3.7 Cyclical external review of agencies	Compliant (by virtue of applying)	Compliant (by virtue of applying)

INTRODUCTION

This report analyses the compliance of Accreditation Agency in Health and Social Sciences (Akkreditierungsagentur im Bereich Gesundheit und Soziales e.V., AHPGS) with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG). It is based on an external review conducted in the period between June 2023 and April 2024 and should be read together with the external review report of the agency's last full review against the ESG.

BACKGROUND OF THE REVIEW AND OUTLINE OF THE REVIEW PROCESS

BACKGROUND OF THE REVIEW

ENQA's regulations require all member agencies to undergo an external cyclical review, at least once every five years, in order to verify that they act in compliance with the ESG as adopted at the Yerevan ministerial conference of the Bologna Process in 2015.

Registration on EQAR is the official instrument established by the European Higher Education Area (EHEA) for demonstrating an agency's ESG compliance. An external review is a prerequisite for registration.

As the AHPGS has undergone three full reviews and one partial review against the ESG Parts 2 and 3, it is eligible and has opted for a targeted review. The purpose of a targeted review is to ensure the agency's compliance with the ESG by covering standards that were found partially compliant in renewal of registration in EQAR in 2018 and on standards that could have been affected by substantive changes³ during the past five years while at the same time further strengthening the enhancement part of the review.

Year	Review	Organiser
2008	Full review	GAC
2013	Full review	GAC
2018	Full review	ENQA
2020	Partial review	ENQA

The review history of AHPGS

SCOPE OF THE REVIEW

AHPGS is carrying out the following activities within the scope of the ESG:

- Programme Accreditation of HEIs in Germany
- System Accreditation of HEIs in Germany
- Programme Accreditation of HEIs outside of Germany
- Institutional Evaluation of HEIs outside of Germany⁴

³ e.g. organisational changes, the launch of new external QA activities.

⁴ As listed on AHPGS profile in EQAR. Also known as 'Institutional Auditing' as shown on AHPGS website <https://ahpgs.de/en/institutional-audit>

According to the Terms of Reference, this targeted review will evaluate the extent to which AHPGS continues to fulfil the requirements of the ESG. The review covers the following areas:

- Those ESGs with a partial compliance conclusion in the EQAR Register Committee's decision, namely ESG 2.1 (Consideration of internal quality assurance), ESG 2.4 (Peer-review experts) and ESG 3.4 (Thematic analysis) for all activities of AHPGS.
- Additionally, ESGs 2.3, 2.5 and 2.6 will be evaluated as they have been affected by substantive changes.
- Selected enhancement area: ESG 3.6 (Internal quality assurance and professional conduct).
- The targeted review may also address any matters regarding ESG compliance that come up during the targeted review and that may affect the agency's compliance with the ESG. In the case of AHPGS's targeted review, the review panel did not identify any matters regarding ESG compliance that would need to be covered apart from the ones listed above and addressed in the ToR.

MAIN FINDINGS OF THE 2018 REVIEW

According to the decision of the EQAR Register Committee based on the previous full review conducted in 2018; the AHPGS was found to be in compliance with the following standards.

ESG Part 2: 2.2, 2.3, 2.5, 2.6, 2.7

ESG Part 3: 3.1, 3.2, 3.3, 3.5, 3.6, 3.7

AHPGS was found to be in partial compliance with ESG 2.1, ESG 2.4 and ESG 3.4.

ESG 2.3, ESG 2.5 and ESG 2.6 have been affected by substantive changes.

The panel acknowledges through the triangulation of evidence that no other changes occurred within the agency and thus acknowledges the status of the following ESG standards from the last full review:

ESG Part 2: 2.2, 2.7

ESG Part 3: 3.1, 3.2, 3.4, 3.5, 3.6, 3.7

REVIEW PROCESS

The 2024 external targeted review of AHPGS was conducted in line with the process described in the *Guidelines for ENQA Targeted Reviews*, the EQAR Procedures for Applications, and in accordance with the timeline set out in the Terms of Reference. The panel for the targeted review of Accreditation Agency in Health and Social Sciences was appointed by ENQA and composed of the following members:

- Almantas Šerpatauskas (Chair), Director, Center for Quality Assessment in Higher Education (SKVC), Lithuania (ENQA nominee)
- Terhi Nokkala (Secretary), Senior Researcher, Finnish Institute for Educational Research, University of Jyväskylä, Finland (EUA nominee)
- Caty Duykaerts, Until June 2023: Director of Agence pour l'Évaluation de la Qualité de l'Enseignement Supérieur (AEQES), Belgium (ENQA nominee)

- Damon Mohebbi, Member of the European Students' Union Quality Assurance Student Experts Pool, University of Düsseldorf, Germany (ESU nominee)

Fiona Crozier, ENQA's representative, acted as the review coordinator.

This targeted review of AHPGS began with the tripartite agreement on the Terms of Reference (ToR), followed by AHPGS preparing and submitting its self-assessment report (SAR). The ENQA review panel received the SAR on 28th August 2023. The briefing meeting with the review coordinator was organised on 1st November 2023. The review panel furthermore held a preparatory meeting with the agency on 18th December 2023 and internal preparatory meeting on the same day.

The review panel studied the SAR and all the relevant documentation and conducted an in-person site-visit from 17th to 19th January 2024 to interview AHPGS's internal and external stakeholders, to add further evidence and clarify various details, as well as to deepen their understanding of the agency.

The aim of the meetings conducted during the site visit was to provide further evidence and clarify the information acquired from document material. Based on all the collected information, and the review panels' internal deliberation during and after the site visit, the panel jointly and unanimously produced this review report in the period between site visit and March 2024. As part of the report writing process, the panel provided an opportunity for AHPGS to comment on the factual accuracy of the draft report.

Self-assessment report

According to the SAR (p 2), the review process was initiated in autumn 2022 with establishing the overall review timeline. The Executive Board of AHPGS e.V. delegated the task of preparing the SAR to the managing directors of AHPGS Akkreditierung gGmbH. Furthermore, a member of agency staff was appointed to coordinate the review process as a whole. The managing directors and the staff member responsible for the coordination of the process held regular meetings in order to develop the SAR. The self-assessment process and report were discussed in the regular staff meetings with AHPGS consultants⁵ and administrative staff, as well as on an ad hoc basis. The Executive Board was periodically updated on the process. The management of AHPGS and the coordinator of the review decided on the enhancement area of the targeted review. The SAR was discussed in the meeting of the Executive Board and the Shareholders' Meeting on 22nd June 2023, as well as in the meeting of the AHPGS Programme Accreditation Commission on 13th July 2023.

The SAR includes a description of AHPGS activities, changes and methodology pertaining to those standards (2.1, 2.4 and 3.4) on which AHPGS was found partially compliant by the EQAR Register Committee in 2020. The different chapters of the SAR first describe the structures and the work of AHPGS concerning each standard and then focus on how AHPGS has dealt with prior recommendations and suggestions by ENQA and EQAR presented in the 2018 review. Special attention was dedicated to the ESG compliance of the ESGs 2.3, 2.5 and 2.6 which were impacted by substantive changes related to changed responsibilities between the agency and the German Accreditation Council implemented from the beginning of 2018. The SAR also includes a section on the enhancement area chosen by AHPGS, ESG 3.6. The SAR also included links to all relevant additional documentation and information. Together with the additional documentation, the SAR provides a basis for conducting the targeted review.

⁵ Consultant is the term used by the agency to refer to those staff members who are engaged in conducting QA activities.

Site visit

In preparation of the site visit, the review panel studied the SAR and the documentation prepared by the agency. The review panel also asked for further documentation before and during the site visit; and these requests were always smoothly and expediently met by AHPGS.

The site visit took place between 17th and 19th of January 2024. Prior to the site visit, the review panel held a preparatory meeting with AHPGS's designated resource persons on 18th December 2023. The panel similarly held an internal preparatory meeting on 17th January to plan the interviews as well as to request any additional documentation.

During the site visit, the review panel conducted 10 meetings with the internal bodies and external stakeholders of AHPGS. These meetings included sessions with:

- The Managing director of AHPGS and a member of the board of AHPGS e.V.
- AHPGS staff responsible for the enhancement area
- AHPGS staff responsible for quality assurance activities
- AHPGS staff responsible for international quality assurance activities and their guidelines
- AHPGS Accreditation Committee and Complaints Committee
- Representative of the German Accreditation Council
- Representatives of the higher education institutions evaluated by AHPGS in Germany
- Representatives of the higher education institutions evaluated by AHPGS abroad
- Reviewers of AHPGS
- Social Partners of AHPGS

A full list of meetings including the positions of interviewees, can be found in Annex I.

The site visit took place in a constructive, frank, and open atmosphere. The panel notes that all AHPGS staff and stakeholders were candid and supportive of both the review process, and the review panel. The panel wants to extend its heartfelt thanks to all involved for the warm welcome they gave to the panel. All the material provided before and during the site visit, and the meetings during the site visit enabled the review panel to arrive at the judgements presented in this review report.

CHANGES WITHIN THE AGENCY

HIGHER EDUCATION AND QUALITY ASSURANCE SYSTEM

According to the SAR (p. 4) there have been no significant changes in the quality assurance system that would affect the agency since the previous review in 2018.

However, the transfer of the final decision-making powers from quality assurance agencies in Germany to the German Accreditation Council, implemented in 2018 bears mentioning in this context. The change itself and its impact on the activities of the AHPGS has been already extensively covered in the previous ENQA review in 2018. According to the SAR (p. 4), the current accreditation system with clear regulations on the task division between the QA agencies and the GAC works well for all parties concerned and a regular exchange of information between the GAC and the agencies has been developed.

AHPGS'S ORGANISATION/STRUCTURE

The SAR similarly states that there have been no significant changes in the organisation of the agency. One small change that took place after the previous review was to change the position of the deputy managing director appointed by the managing director, to a second managing director appointed by the shareholders' meeting of the agency (AHPGS e.V.). The change was implemented because the German commercial law did not recognise such a representation arrangement for a non-profit company (gGmbH), while the agency sees value in having two managing directors.

One change mentioned in the SAR (p. 4) discussed by the agency as a result of the self-assessment process and preparation for the ENQA Targeted review 2024, concerns the revision of the agency's bylaws, which were considered unclear in terms of stipulating the existence of two separate accreditation commissions, one for programme accreditation and the other one for system accreditation. During the site visit the agency personnel explained that in reality the agency has a single accreditation commission, but the meetings of the Accreditation Commission (AC) may focus more on programme accreditations or on system accreditation, and depending on that focus, different people may be invited to the meeting. Nevertheless, it should be noted that most of the decisions are taken by GAC rather than the agency's Accreditation Commission. As the bylaws do not specify whether one or more commissions exist, the agency has decided to discuss the necessity of a formal revision of the bylaws with the members in the next General Assembly 2025.

AHPGS was recognised by the World Federation of Medical Education (WFME) for Germany and Austria in 2023. The recognition is valid for ten years. According to the WFME press release on the agency's website the WFME Recognition Programme *"aims to raise the standards of medical education worldwide, through ensuring that national and regional accrediting agencies are acting in an appropriate, robust and transparent way. The intention is for all eligible accrediting agencies to be evaluated by WFME or to an equivalent standard."*

AHPGS'S FUNDING

There are no changes in the funding of the agency. The SWOT analysis included as part of the SAR (p. 30) mentions AHPGS's sound financial basis as a strength. However, the SWOT also mentions as a weakness that AHPGS is a non-profit organisation and has only funds generated by accreditation and assessment procedures. The number of staff reaching retirement age, and the onboarding of new staff members, as well as the competition within the system bear consequences for the financial resources of the agency in the future.

AHPGS'S FUNCTIONS, ACTIVITIES, PROCEDURES

There have been no new activities or evaluations methods introduced at the agency since the previous evaluation took place in 2018.

The following table, received from the agency as additional information requested by the panel, illustrates the numbers of different types of quality assurance activities undertaken by the agency in the past three years, as well as the numbers of reviewers engaged.

QA Activities	2021	2022	2023
Programme accreditation in Germany	114	108	100
System Accreditation in Germany	2	1	0
Programme accreditation abroad	8	13	50
Institutional Evaluation (Romania, Austria)	0	4	1
Experts involved	278	257	273

A significant change in the operations of the agency occurred with the onset of the COVID-19 pandemic. With the move to online visits using Zoom, a series of training sessions both for the agency staff as well as the higher education institutions was organised. Furthermore, new equipment was installed to ensure adequate working conditions for online work both at the office as well as in the homes of those staff members working remotely. The SAR mentions that the switch to online work required additional resources, but that due to speedy action, the agency was able to conduct all planned site visits virtually during the pandemic.

FINDINGS: COMPLIANCE OF AHPGS WITH THE STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EUROPEAN HIGHER EDUCATION AREA (ESG) WITHIN THE SCOPE OF THE REVIEW

ESG PART 3: QUALITY ASSURANCE AGENCIES

ESG 3.4 THEMATIC ANALYSIS

Standard:

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

2018 review recommendation

The ENQA review panel stated the following:

Recommendation: The review panel recommends allocating financial and human resources to regularly develop thematic analysis.

The ENQA review panel for the partial review conducted in 2020 stated the following:

The review panel recommends to include the intended thematic analysis resource-wise already into a working plan beyond 2021. The review panel recommends for AHPGS to reconsider the target audiences for their reports and make sure that the system level reflections will also be useful for policy makers and QA professionals within this system.

During the upcoming external review of AHPGS renewal of registration, the Register Committee expects that the following issues to be specifically analysed by the review panel:

Consider how the agency draws from the findings from its quality assurance activities and how it ensures that such (thematic) analyses are conducted regularly.

Evidence

Overview of thematic analyses in recent years

In its SAR (p. 7) the agency describes that five thematic analyses have been produced since 2020.

1. Reflections on the First Evaluation Procedures According to the Interstate Study Accreditation Treaty in Conjunction with the State Regulations or the Specimen Decree (2020)
2. Accreditation Procedures in the Kingdom of Saudi Arabia – Analysis of the General Recommendations (2020)
3. Satisfaction of Experts and Universities Representatives with Virtual On-Site Assessments Within the Scope of Accreditation (2020)
4. Follow-Up Evaluation: Satisfaction of Experts and Universities Representatives with Virtual On-Site Assessments Within the Scope of Accreditation (2021)
5. Handling of Blended Learning and Distance Learning Programs by AHPGS Within the Framework of Program Accreditation (2023)

Additionally, in 2020 the agency produced a concept paper titled “Thematic Analysis in the Context of Accreditation. An ESG Standard for Quality Assurance Agencies Active in Higher Education” (2020)⁶, which laid out a foundation for a common understanding of thematic analyses. Counting this paper, altogether four reports belonging to the genre of thematic analyses were produced in 2020 as a response to the ENQA recommendations. In its SAR, the agency credits the AHPGS Board’s resolution in 2019 to direct more resources at thematic analyses. The Board is also credited with initiating discussions about the structures of thematic analyses which led to an internal reflection about the agency’s work and generating output for thematic analyses.

According to the SAR (p. 9), another report was planned to be completed by the end of 2023, on the Recognition Act for Social Professions in Accreditation Procedures of Bachelor Study Programs in Social Work. During the site visit, the panel heard that the thematic analysis is due to be finalised in the coming weeks and presented at the AHPGS working conference in February 2024.

The agency has also been planning a mutual thematic analysis with the GAC and other German agencies. The agency leadership explained, however, that while a working group was set up between the GAC and the agencies to plan collaborative thematic analyses, the working group has not made much progress so far and as of yet there are no tangible results. In addition to the thematic analysis reports published on the agency’s website, the SAR mentions that the agency colleagues have published two scholarly articles on related topics:

- Kälble, K. (2019): “Interprofessionalität in der gesundheitsberuflichen Bildung im Spannungsfeld von beruflicher Identitätsentwicklung und Professionalisierung.“ In: Ewers, M. / Paradis, E. / Herinek, D. (ed.): Interprofessionell Lernen, Lehren und Arbeiten. Gesundheits- und Sozialprofessionen auf dem Weg zu kooperativer Praxis. Weinheim: Beltz-Juventa, pp. 70–84. [Interprofessionalism in Health Professions Education in the Tension Between Professional Identity Development and Professionalization]
- Steck, F. (2021): “Akkreditierung primärqualifizierender Pflegestudiengänge.“ In: Public Health Forum, Vol. 29 (Issue 3), pp. 239–241, <https://doi.org/10.1515/pubhef-2021-0061>. [Accreditation of Primary Qualifying Nursing Programs].

Ensuring financial and human resources

According to the SAR (p. 6), following the recommendation of the previous ENQA review, the AHPGS board had decided to assign resources for producing two thematic analyses per year. However, given the financial challenges arising from the COVID-19 measures, the decision was changed to assign resources for one thematic analysis per year. While the additional resources required by implementing the COVID-measures put a strain on the agency’s ability to produce thematic reports, they were largely lifted by mid-2022, and according to the SAR the agency is confident that it can resume the regular production of one thematic analysis a year. In 2023 the agency produced a thematic analysis on blended and virtual learning, and during the site visit the panel was told about, and received an abstract for the thematic analysis to be finalised and presented in February 2024.

The idea envisioned in the concept paper for thematic analyses was to establish a permanent working group to ensure the production of the thematic analyses, but this proved unsustainable due to the high staff turnover at the agency. Instead, the tasks of the envisioned working group were incorporated into the weekly staff meetings, where the production and the results of the thematic analyses are discussed, and the discussions documented to benefit those staff members who may be absent, and to

⁶ https://ahpgs.de/wp-content/uploads/2020/01/200117_Thematic-Analysis_Charly-I-EN.pdf

make them accessible also for future staff members. They are also discussed at meetings of the AHPGS Board and the Accreditation Commission to ensure knowledge transfer.

The schedule for producing a thematic analysis report is described in the SAR (p. 7). Twice a year, special meetings called winter exchange and summer exchange, are dedicated to thematic analyses. During the winter exchange (between December and February) topics for thematic analyses are decided upon along with assigning the responsibility for producing the analysis. The panel learned from discussions with the agency staff and additional documentation provided, that the winter exchange due to take place in December 2023 had been postponed to February 2024. The topics for the next thematic analysis to be produced in 2024 were brainstormed during a weekly staff meeting, along with identifying the preconditions for the respective topics, such as having adequate amount of data available to conduct a meaningful analysis.

During the summer exchange in July or September, the initial results are discussed, and the report is finalised during the following semester, to be discussed with the board, at the General Assembly and at the working conference in February the following year. The report is then published on the agency's website. The agency also provided the panel with a flow chart confirming this process and schedule. The agency noted, however, that during the pandemic years 2020-2022, no face-to-face working conference was organised, and instead the thematic analyses were discussed in online meetings.

Thematic analyses are disseminated through the agency's website, and the panel was able to ascertain that the thematic analyses are indeed available there. Furthermore, according to the SAR (p. 7), references to the thematic analyses are distributed, for example, through the Public Health Forum, as well as newsletters of other QA agencies such as the GAC and the International Network for Quality Assurance Agencies in Higher Education (INQAAHE).

Ensuring usefulness of the thematic analyses

The SAR (p. 6) describes the development of AHPGS's concept on thematic analyses, which specifies their development and structure. The topics of the thematic analyses are to be drawn from the findings of the QA activities and the analyses typically address a main question, method, evaluation, discussion, and summary. The panel learned in the discussion with the agency staff that the questions for a thematic analysis may be posed deductively or emerge from the available material, depending on the topic.

In order to ensure the relevance of the topics for thematic analyses, the discussions with other agencies and the GAC, as well as exchanges with the Executive Board, are taken into account in identifying the topics and have reflected, to date, currently relevant questions. The agency also states (SAR p. 9) that "to be able to cover relevant topics in the thematic analyses and to react to changes in the education system (e.g., changes of laws concerning regulated professions), a long-term commitment topic wise seemed unreasonable."

In 2020 the agency perceived that it was important to analyse the results of German accreditation processes conducted after the task division between the agency and the GAC changed in 2018. Two thematic analyses (see the thematic analyses listed as 3 and 4 on p. 14 above) therefore addressed the satisfaction of the HEIs and the reviewers, and the online site visits organised during the pandemic. One of the reports addressed QA activities in Saudi Arabia, where the agency had recently conducted several evaluations. Finally, the last thematic analysis (number 5 in the list above) addressed the question of how to ensure appropriate assessment of blended learning and distance learning study programmes, leading further to a development of an internal guideline for their assessment. The agency perceives (SAR p. 8) that the thematic analyses have been useful for the work of the agency itself.

Analysis

The visit to the agency confirmed that it has addressed the regular production of thematic analyses and that there is no reason why this production would be hampered in the future.

The concept note “Thematic Analysis in the Context of Accreditation. An ESG Standard for Quality Assurance Agencies Active in Higher Education” (2020) not only provided relevant methodological considerations but also secured allocating resources to the regular production of such analyses, by the adoption of a resolution by the Board of AHPGS e.V. The panel was told by the management that it was aware of the fact that the equivalent of 10 FTE working days per analysis, which had previously been allocated for producing a thematic analysis, is insufficient. Even though no 2024 working plan was available at the moment of the visit, some prospective figures in contracts for accreditation/review processes (both in Germany and abroad) gave the panel confidence that a sufficient number of procedures and subsequent potential thematic analyses can be carried out in the near future. The panel also learned from several participants (HEIs representatives, reviewers, GAC representative, etc.) in the meetings that the number of new study programmes has grown recently (over 30.000 programmes especially in the field of Health) and that the number of system accreditations in Germany is developing at a slower pace than expected. This means that the programme accreditation format – excluding a radical political change – is still much needed in the German HE system. Finally, the panel received a draft AHPGS – Strategy 2027 (to be adopted at the General Assembly in February 2024), that lists among its strategic goals the renewal of ENQA membership and its registration with EQAR, for both of which compliance with ESG, including ESG 3.4, is a prerequisite. This has convinced the panel that, going forward, there are both a sufficient number of procedures and adequate financial resources to allow for the agency to produce thematic analyses.

To secure the regular production of thematic analyses and to allocate responsibility among the staff for writing the analysis, the agency has established an internal dynamic consisting of special meetings called “winter and summer exchanges”. The panel heard in the meetings with the staff numerous good suggestions stemming from their brainstorming sessions and the review panel confirms the comments made by the previous ENQA panel (partial review 2020, p. 8) that “the staff appears to be more than capable of conducting academically sound and at the same time professionally relevant thematic analyses.”

When considering the different thematic analyses published so far, the panel found a variety of genres and approaches. Some relate or will relate to the changes in the accreditation system in Germany, one analyses the recommendations resulting from the procedures conducted in Saudi Arabia, another one covers the topic of blended learning and distance learning and includes a set of guidelines. This is interesting as ESG 3.4 itself allows for variety and diversity as long as the reports describe and analyse the general findings of the external quality assurance activities of the agencies (“...reports that describe and analyse the general findings of their external quality assurance activities.”). The panel is of the opinion that the wording “general findings” implies that there should be information on the outcomes of the EQA activities. With this in mind, the panel believes that the two analyses based on the satisfaction surveys of both experts and universities representatives in 2020 and 2021 are more relevant for ESG 3.6 (in helping the agency in monitoring and improving its own procedures).

The review panel noted the low level of awareness among the potential readership of the published thematic analyses. In the meetings of day 2 of the visit programme, each external stakeholder was asked whether they knew those recently published and disseminated thematic analyses; a large

majority did not know about them. This may be partially attributed to AHPGS potentially using other terminology, such as 'reports' or 'survey results' when communicating with their stakeholders, and for this reason the stakeholders might not be familiar with the concept of thematic analyses. Nevertheless, it is a disappointing finding for AHPGS as it relates to a challenging aspect, namely the proactive communication of thematic analyses. This is why the panel invites the agency to continue to engage in the production of thematic analyses bearing in mind the various target audiences (including students, policy makers and QA professionals) and their interest in some topics. AHPGS should ensure that these audiences are well informed about the thematic analyses through established and ad hoc dissemination and communication practices. The review panel also encourages the staff to present some of their thematic analyses at international conferences such as EQAF or ENQA seminars.

Panel commendations

1. The review panel commends AHPGS's staff for the pragmatic and prolific internal dynamics devoted to the identification of topics for potential thematic analyses (winter and summer exchanges) backed up by a systematic schedule (workflow).

Panel recommendations

1. The review panel recommends AHPGS to remain engaged in the production of relevant and outward-reaching thematic analyses having in mind the various target audiences and securing an adequate dissemination of such studies.

Panel suggestion

1. The review panel suggests the AHPGS Board and management to support the staff in engaging in the writing of thematic analyses (clear operational strategic lines, adequate workload assessment, support for communication strategies).

Panel conclusion: compliant

ESG PART 2: EXTERNAL QUALITY ASSURANCE

The ESGs part 2 are covered in this review as follows:

ESG 2.1 is covered for all activities, as per the general procedure of targeted reviews.

ESG 2.4 is covered for all activities as AHPGS was found partially compliant in terms of 2.4 in the previous review.

ESGs 2.3, 2.5 and 2.6 are covered because they have been affected by substantive changes related to the task division between GAC and AHPGS.

ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

Standard:

External quality assurance should address the effectiveness of the internal quality assurance processes described in Part 1 of the ESG.

2018 review recommendation

The ENQA review panel stated the following:

The expert panel recommends that the agency develops more widely all the criteria of Part I in the international assessments. To demonstrate compliance with ESG part I, the agency should undertake a mapping exercise that clearly indicates that all standards are addressed.

During the upcoming external review of AHPGS renewal of registration, the Register Committee expects that the following issues to be specifically analysed by the review panel:

Consideration of internal quality assurance for all external QA activities. In addition, the panel is asked to consider whether all the criteria of ESG Part I have been addressed in AHPGS international external QA activities, in particular consider ESG 1.7, ESG 1.8 and ESG 1.9.

Evidence

AHPGS performs various external quality assurance activities such as programme and system accreditations in Germany, and programme accreditations and institutional evaluations abroad. The agency's self-assessment report indicates that there have been no significant changes in the procedures since the previous ENQA review in 2018, and the panel was able to confirm this in the interviews with the agency staff, the agency's Accreditation Commission, as well as GAC, reviewers and higher education institutions.

Programme accreditations and system accreditations in Germany

According to the SAR (p. 15), the programme and system accreditations in Germany are regulated by the Interstate Treaty on Study Accreditation⁷ and the Specimen Decree,⁸ which define the criteria used in the accreditations. Annex I of the SAR, reproduced below, presents a mapping grid which illustrates the correspondence of the Programme accreditation and System Accreditation criteria described in the Specimen Degree with ESG Part I. Given that all German accreditation agencies must follow the same accreditation criteria, the correspondence of the criteria stated in the Specimen degree and the ESGs part I was further discussed in the external review report of the ENQA full review of GAC in 2022 (p. 30-35), in the context of ESG 2.1, on which GAC was found fully compliant.

The AHPGS website provides information about the legal background of the evaluations, including existence of the Interstate treaty on study accreditations and the Specimen Degree, as well as displaying the web link to the former, while the latter is available through the GAC website. The English website pertaining to international procedures furthermore states that the evaluation criteria are based on the ESG. The link to the ESG 2015 can be found on the website of AHPGS (<https://ahpgs.de/en/downloads-and-links/>).

ESG 2015	Programme accreditation	System accreditation
I.1 Policy for quality assurance	§ 14 Academic success	§ 17 Concept of the quality management system (goals, processes, instruments)

⁷ <https://www.akkreditierungsrat.de/sites/default/files/downloads/2019/Studienakkreditierungsstaatsvertrag.pdf>

⁸ https://www.akkreditierungsrat.de/sites/default/files/downloads/2021/171207_Musterrechtsverordnung_Englisch.pdf (available through GAC website)

I.2 Design and approval of programmes	§ 11 Qualification goals and qualification level; § 12 Coherent study programme concept and adequate implementation; § 13 Subject-content organisation of the study programmes	§ 17 Concept of the quality management system (goals, processes, instruments)
I.3 Student-centered learning, teaching and assessment	§ 12 Coherent study programme concept and adequate implementation (paragraph 1); § 15 Gender equality and compensation of disadvantages	§ 17 Concept of the quality management system (goals, processes, instruments)
I.4 Student admission, progression, recognition and certification	§ 5 Admission requirements and transitions between different courses; § 6 Qualifications and qualification designations; § 12 Coherent study programme concept and adequate implementation (paragraph 1); § 14 Academic success	§ 17 Concept of the quality management system (goals, processes, instruments)
I.5 Teaching staff	§ 12 Coherent study programme concept and adequate implementation (paragraph 2)	§ 17 Concept of the quality management system (goals, processes, instruments)
I.6 Learning resources and student support	§ 12 Coherent study programme concept and adequate implementation (paragraph 3)	§ 17 Concept of the quality management system (goals, processes, instruments)
I.7 Information management	§ 14 Academic success	§ 18 Measures to implement the quality management concept, see paragraph 3
I.8 Public information	§ 12 Publication of examination regulations which contain information on study programmes is obligatory according to the higher education acts of the German states	§ 18 (paragraph 4); Publication of examination regulations which contain information on study programmes is obligatory according to the higher education acts of the German states
I.9 On-going monitoring and periodic review of programme	§ 14 Academic success	§ 18 Measures to implement the quality management concept
I.10 Cyclical external quality assurance	§ 26 Period of validity for the accreditation; extension	§ 26 Period of validity for the accreditation; extension

Mapping of ESG and Specimen Decree.

For programme accreditations, AHPGS provides the higher education institutions with a self-evaluation report (SER) template and templates for the annexes to SER, as well as guidelines for preparing the SER. The panel was able to confirm that these are available on the AHPGS website⁹. The agency also provided the panel with a workflow chart describing the programme accreditation system in Germany (SAR Annex 10).

The panel checked a random sample of recent assessment reports from programme accreditations of bachelor and master programmes in Germany and was able to confirm that the reports all follow the criteria mapped against the ESGs.

System accreditations refer to accrediting the quality management system of the higher education institution. According to the introductory slides provided by the AHPGS, in a system accreditation an

⁹ <https://ahpgs.de/akkreditierungsverfahren-ab-01-01-2018/programmakkreditierung-1/>

HEI must prove that it implements the criteria laid out in the Specimen degree and regularly evaluates the quality of the study programmes as well as other activities relevant to the quality of teaching and learning. The SAR indicated (p. 16) that system accreditations are fairly rare, and that the AHPGS and the HEI in question always negotiate on the exact procedure. The panel was provided with an example of a system accreditation process that took place in 2020-2021, which illustrates the timeline of a system accreditation process.

Programme accreditations and institutional evaluations abroad

According to the SAR (p. 16) the QA procedures conducted abroad are similarly based on ESGs, and can also take into account the requirements arising from national legislation of the given country. The documentation provided by the agency (SAR Annex 2) mentions, for example, the Romanian legislation which sets the guidelines to be followed in Romanian programme accreditations.

The previous ENQA review panel as well as the EQAR register committee noted that specific attention should be paid to addressing all ESGs part I in international QA procedures; which prompted the agency to renew its Handbooks for Programme Accreditation and Institutional Evaluation, which include the criteria and procedures for programme accreditations and institutional evaluations respectively. The handbooks also include guidelines concerning the self-evaluation reports produced by the HEIs.

The agency completed, as requested, a comparison of the structure of the assessment reports in international procedures against ESGs, included as Annex 2 of the SAR which comprises a mapping of AHPGS criteria and procedures against ESGs part I, II, and III. In the table below, the parts of the table pertaining to the comparison between ESGs part I in terms of programme accreditations and institutional evaluations are reproduced, given their significance for ESG 2.1.

The panel was able to ascertain that the handbooks are available on the agency's website. The panel also received the workflow chart that the agency uses to structure their own work processes in terms of international procedures.

Comparison between ESG Part I and AHPGS criteria		
ESG	AHPGS criteria for program evaluation	AHPGS assessment areas for institutional evaluation
I.1 Policy for quality assurance	6 Quality Assurance	B Quality assurance and quality management
I.2 Design and approval of programmes	1 Aims and Implementation 2 Structure of the Study program	C Institutional management and administration
I.3 Student-centered learning, teaching and assessment	2 Structure of the Study program 4 Examination System and Transparency	D Educational activities, including study programs
I.4 Student admission, progression, recognition and certification	3 Admission and Feasibility 4 Examination System and Transparency	D Educational activities, including study programs
I.5 Teaching staff	5 Teaching Staff and Material Equipment	E Infrastructure and functional resources
I.6 Learning resources and student support	3 Admission and Feasibility 5 Teaching Staff and Material Equipment	D Educational activities, including study programs

	7 Gender Equality and Equal Opportunities	
I.7 Information management	6 Quality Assurance	E Infrastructure and functional resources
I.8 Public information	4 Examination System and Transparency	C Institutional management and administration
I.9 On-going monitoring and periodic review of programme	6 Quality Assurance	B Quality assurance and quality management
I.10 Cyclical external quality assurance	-- (Regulated by law)	<i>Is not a requirement per se but seen as an advantage and a necessity in order to check:</i> A Profile, objectives and strategy of the institution

The SAR (p. 16-17) also outlines how the agency has addressed the special concern expressed in the Terms of Reference for the current review, concerning ESG I.7, I.8 and I.9 in its international procedures. The SAR states that special attention was paid to these ESGs in the subsequent international procedures, and that two consultants checked that they were addressed in the assessment reports. The agency also conducted an analysis on a sample of different types of international evaluation reports and found out that while the assessment of criterion I.7 and I.9 was sufficiently visible, there was room for improvement concerning I.8. To address that weakness, the agency introduced a new text block that was implemented in the report templates to ensure that the ESG I.8 was sufficiently addressed in the reports. Upon enquiring further into this matter, the panel was told by the AHPGS staff that the text block is a draft text regarding standard I.8, Public information that would serve as a reminder that the issue needs to be addressed in each procedure; the text would then be revised separately for each report.

Analysis

Given that procedures in Germany must follow criteria that are prescribed in Specimen Decree, which is obligatory for all agencies in Germany performing evaluations on programme and system level, and that GAC is the body which takes decisions based on evaluation reports produced by agencies, and given that in the GAC review 2022 it was confirmed that criteria in Specimen Decree are aligned to ESG Part I criteria, the panel is fully confident that AHPGS follows the practice that is common to all German agencies.

As the Terms of Reference specifically mention alignment of criteria that AHPGS uses for international criteria, the panel paid detailed attention to the review of the Handbook for Programme Accreditation and the Handbook for Institutional Evaluation. The panel analysed a version of the Handbook for Programme Accreditation which had highlighted changes to the Handbook (provided by the agency during site-visit) since the last ENQA review. At the same time, the panel compared the Handbook, the SAR Annex 2 and the evaluation report of the University of Sharjah, College of Health Sciences for the Accreditation of the Study Programme: "Health Services Administration" (Bachelor of Science) (2022/2023). Additionally, the panel met with staff of the agency to find out together whether all ESG Part I standards are included in AHPGS' criteria. The panel was convinced and was able to confirm that the Handbook for Programme Accreditation addresses all standards of ESG (standard I.8 Public information can be found under criteria 4 – Examination system and Transparency; standards I.7 and I.9 can be found under criteria 6 – Quality assurance). All other standards are also covered by different agency criteria as indicated in the mapping table of the SAR (Annex 2).

The detailed analysis revealed that the mapping table which is provided in the SAR Annex 2 does not fully correspond to the information in the Handbook as in some cases AHPGS' criteria cover also parts of other ESG Part I standards and this is not reflected in the mapping table. For example, criteria I Aims and Implementation covers not only ESG 1.2, but also elements of ESG 1.4. Another aspect that is worth mentioning is that the experts' evaluation report that the panel read (see above) does not cover the agency's criteria in full.

The same approach was used to analyse whether the Handbook for Institutional Evaluation, which is used for reviews of HEI's in foreign countries, is aligned with ESG Part I. After detailed analysis, together with agency's staff members, of the Handbook for Institutional Evaluation and the evaluation report of "Andrei Saguna" University of Constanta, Romania (2023) it was obvious that the agency needs to work further on the alignment of the Handbook criteria with ESG standards as currently there is no clear and full alignment of all ESG standards (specifically 1.7-1.9). The Handbook for Institutional Evaluation has 5 evaluation areas. AHPGS provides a mapping of the ESG and Institutional Evaluation areas, but it seems to be the same as one provided in the previous review. Area B is supposed to reflect ESG standard 1.9, but in the guidelines it is not clear that this standard specifically covers monitoring and periodic review of study programmes. Area C, according to a comparison provided by AHPGS, covers ESG 1.7 and 1.8 but there are very limited aspects that Area C takes into account from the above mentioned ESG standards. Therefore the panel thinks that the agency ought to review the Handbook once again and align the criteria used by AHPGS with ESG Part I standards in a clear manner despite the fact that institutional review of foreign Higher Education institutions are rare in the agency's practice (in 2021 AHPGS had 278 procedures in total with 0 procedures in institutional evaluation abroad; in 2022 there were 257 procedures in total with 4 of these being institutional evaluation abroad; in 2023 there were 273 procedures in total with only 1 of these being institutional evaluation abroad).

Panel recommendations

1. The review panel recommends the agency to work further on the Handbook for Institutional Evaluation to ensure that criteria fully cover all ESG Part I standards.
2. The review panel recommends the agency to ensure that evaluation reports reflect all elements of the agency's criteria.

Panel suggestions for further improvement

1. The review panel suggests the agency to look for a method to ensure that the correspondence of the agency's criteria to ESG Part I in the Handbooks is clearly visible; and avoid confusion in providing proof of alignment in different documents.

Panel conclusion: partially compliant

ESG 2.3 IMPLEMENTING PROCESSES

Standard:

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include:

- a self-assessment or equivalent
- an external assessment normally including a site visit
- a report resulting from the external assessment
- a consistent follow-up

2018 review recommendation

The ENQA review panel stated the following:

Recommendation: The panel recommends that the agency considers taking a more active role in the follow-up of its performed assessments outside Germany. During the upcoming external review of AHPGS renewal of registration, the Register Committee expects that the following issues to be specifically analysed by the review panel:

Consider the interaction between GAC and AHPGS, and their respective roles in the follow-up processes.

Evidence

This section will first outline the first three steps of the quality assurance processes: the Self Evaluation report, site visit and assessment report, which always remain the same for all quality assurance procedures undertaken by the agency: the programme accreditations and systems accreditations in Germany, as well as international programme accreditations and institutional evaluations. According to the task division between the agency and the GAC, as stipulated in the Specimen Degree and the Interstate Treaty, the agency is responsible for the first three steps of the quality assurance process. After that, the next two steps, decision and follow-up, will be addressed separately for international and German procedures. In the German procedures, these fall under the remit of the GAC.

First three steps: self-evaluation report, site visit and assessment report

According to the SAR (p. 17), the steps followed in external QA procedure are as follows:

1. A self-evaluation report with annexes
2. A site visit with an expert group
3. An assessment report
4. A decision taken by the GAC or a decision taken by the AHPGS Accreditation Commission (AC) or a recommendation taken by the AC (and a decision taken by a national authority),
5. A follow-up.

The first three steps (self-evaluation report, site visit, assessment report) are always organised by AHPGS. In the SAR (p. 17-18), the agency describes the first three steps as follows:

- “(1) The appointed consultant carefully examines all documents provided by the HEI in advance of the site visit. If questions arise, the consultant contacts the HEI for further clarification. The appointed expert group receives the self-evaluation report of the HEI and its annexes to prepare for the site visit.*
- (2) The site visit gives the expert group an opportunity to ask further questions and engage in dialogue.*
- (3) The results will be summed up in their assessment report. The HEI has the possibility to correct factual errors. Afterwards, the finalized assessment reports will be uploaded onto the AHPGS website or the GAC publishes the assessment reports in their database ELIAS.”*

The panel was able to ascertain that the information about the procedure is available on the agency website, where it is described in the form of a flow chart aimed to inform the institutions and the wider public about the procedure. The workflow description for accreditation procedures, written from the perspective of the agency personnel to support their work, (SAR Annex 10), similarly describes these steps, and according to the guidelines pertaining to the training of peer review experts (see ESG 2.4 for further discussion). The steps are discussed also with the reviewers.

Further details about the review process are also provided in the contract template, received by the panel, to be used between the agency and the HEIs in German procedures. The contract additionally stipulates further details, such as, for example, that the agency is to immediately inform the HEI if the formal criteria, pre-checked by the agency before organising the site visit, are not met; that the institution has two weeks to comment on the composition of the review panel; and that the institution can engage on a voluntary quality enhancement loop to immediately remedy the possible deficiencies potentially leading to setting of conditions, and that the institution can make factual corrections within two weeks of receipt of the assessment report.

For the international procedures, the steps of the assessment process are described in the respective handbooks and in the contracts drawn between the agency and the HEI in the case of international procedures. Article I of the contracts for international programme accreditation and institutional evaluations, respectively, outlines the steps of the procedures. The contract also includes information about the self-evaluation reports that HEIs are required to write and the templates for the annexes that the HEIs are asked to provide together with the self-evaluation report.

The panel also looked into some recent reports representing German programme and system accreditations, and international programme accreditations and institutional evaluations respectively, and was able to ascertain that these steps have been consistently reported for all types of procedures.

Next two steps: Decision and follow-up

There is more variation in terms of the next two steps: decision and follow-up. In the following, the panel will first briefly describe step 4, decision-making; followed-by step 5 follow-ups for international procedures, before focussing explicitly on follow-up of the German programme accreditations and system accreditations.

Step 4: Decision

In terms of step four, the accreditation decision itself may be an accreditation without conditions, an accreditation with conditions, or, a denial of accreditation. The SAR explains the variation in who takes the final decision. For system accreditations and most programme accreditations in Germany, the decision is taken by the German Accreditation Council as per the Interstate Treaty.

The SAR notes that if an HEI has a system accreditation, it may also take the final decision on a programme accreditation by itself, even if it had asked an accreditation agency like AHPGS to handle steps 1-3. The SAR (p. 18) also illustrates some other exceptions to GAC taking the decision: *“Study Programs outside the Bachelor/Master system (so-called ‘Staatsexamen’, in English state examination study programs) are not obliged to pass an accreditation procedure, since they are closely monitored by the ministries of the states. Private HEIs are sometimes requested by the state authority to have their concept of a study program accredited before the start of the study program. In this case, the steps 1 to 4 are conducted by AHPGS.”*

For procedures abroad, the decision may be taken either by the AHPGS’s Accreditation Commission, or it may be taken by the relevant national authorities of each given country. According to the SAR, if the body taking the final decision belongs to the national authority of another country, as is often the case when the AHPGS is contracted to undertake the mandatory evaluations, those national authorities are responsible for the follow-up.

Step 5: Follow-up of evaluations in international procedures

For optional programme accreditations and institutional evaluations abroad, the SAR (p. 18) states that *“the HEI has to report the fulfilment of the conditions to the AHPGS commission within 12 months. Furthermore, after 24 months, AHPGS contacts every HEI for a follow-up on the implementation of the recommendations.”* The contract (SAR Annex 11) between AHPGS and a given international HEI stipulates all the steps of the accreditation procedure, including the decision-making and follow-up (article 6). The panel was able to ascertain from the agency staff during the visit that they do indeed contact the university to ask about the implementation of the recommendations 24 months after the report.

Step 5: Follow-up of evaluations in German context

In terms of step five, there is again variation in terms of which body is responsible for follow-up. The SAR explains that if GAC was the body taking the final decision, they are also responsible for the follow-up. In case of an accreditation with conditions, the HEIs need to prove that conditions have been met within 12 months. In case of no conditions, or after having demonstrated that the conditions are met, there is no further formal follow-up. According to the SAR (p. 16) the GAC further monitors HEIs after the review by obliging them to file reports on substantial changes and, for system accredited HEIs, also programme quality reports.

The SAR furthermore states that if the decision is taken by the given system-accredited HEI, the publication of the evaluation reports on AHPGS websites is mandated by the contract between the agency and the HEI, and that the programmes and their assessment reports must be published on the GAC's ELIAS database. According to the SAR (p. 11, footnote 8), three accreditations were conducted in this manner during the previous accreditation period of AHPGS.

For accreditations of state examination study programmes, typically in Law and Medicine which are closely regulated by state legislation, the contract between AHPGS and the HEI mandates publication of the assessment report on AHPGS website. The rest of the monitoring of these programmes belongs to the authority of the state in question.

Given the task division between the GAC and the agency, a clear and continuous dialogue between those bodies is necessary. According to the SAR (p. 20), there are regular meetings arranged between GAC and the accreditation agencies, which focus on the different elements of the accreditation procedure and the legal framework. Since the new regulations came into power in the beginning of 2018, 35 such meetings have been arranged and the agency states that they have facilitated collaboration and understanding between the different bodies. Notes from the meetings are circulated amongst the AHPGS staff and the Accreditation Commission and the Executive Board of AHPGS are notified.

Collaboration between GAC and AHPGS is further facilitated by the accreditation agencies having a consultative vote at GAC, and the managing director of AHPGS having been elected as deputy representative of the German agencies for attending the sessions of the GAC.

Analysis

Based on the evidence provided, the review panel was able to conclude that the agency's procedures exhibit a methodical, thorough approach. The first three phases, which include the self-evaluation report, site visit, and assessment report, are all routinely arranged and overseen by AHPGS, demonstrating a uniform process for both domestic and foreign accreditation operations. Stakeholders

may be assured of transparency since the stages are thoroughly recorded in a number of places, such as the agency website, workflow descriptions, and contract templates.

In terms of decision-making (Step 4) and follow-up (Step 5), the agency demonstrates adaptability to various circumstances. Depending on the location and kind of procedure, it engages with the decision-making bodies, such as the GAC, the agency's accreditation council or national authorities in a suitable manner to ensure compliance with the relevant regulatory frameworks.

Following the Interstate Study Accreditation Treaty's introduction in 2018, the GAC is normally given the ultimate decision-making authority over national procedures. AHPGS has been restricted in the follow-up as the GAC is responsible for the follow-up of any conditions. The panel acknowledges that German law requires this restriction.

In the international processes, the agency takes on full responsibility for the follow-up. The panel was able to confirm that the agency initiates contact with HEIs to check how conditions and recommendations are being implemented after the procedure. The agency's proactive and structured follow-up strategy for international procedures reflects its enhancement-oriented approach to accreditations. In discussions with overseas HEIs, it became evident that they value the follow-up of recommendations and conditions very much.

Panel suggestions for further improvement

- I. Rather than depending exclusively on reaccreditation cycles that happen after a number of years, the agency could take a more proactive approach by developing and putting into place its own (or together with GAC) follow-up measures for national procedures. This would guarantee ongoing improvement and responsiveness to areas that have been identified for improvement.

Panel conclusion: compliant

ESG 2.4 PEER-REVIEW EXPERTS

Standard:

External quality assurance should be carried out by groups of external experts that include (a) student member(s).

2018 review recommendation

The ENQA review panel stated the following:

The review panel recommends the intensification and further improvement of the training provided by the agency, for new and experienced members.

The review panel recommends expanding the recruitment of experts, increasing transparency and widening accessibility.

During the upcoming external review of AHPGS renewal of registration, the Register Committee expects that the following issues to be specifically analysed by the review panel:

Consider how does the agency ensure the training of experts, in particular to address whether the agency ensures that each experts participates and gains the necessary skills and competences, and whether the experts

have sufficient knowledge of the higher education system where the review takes place (in case of cross-border reviews).

Address how the criteria and process for recruiting experts to AHPGS' pool of experts and specifically how are the agency's groups of experts are composed and what is the rationale for their composition? If there is substantial differentiation between experts, how are the roles and responsibilities assigned and distributed.

Evidence

Recruitment of experts

AHPGS has a large pool of experts who are recruited through various means, such as through a permanent open call on the agency's website, and through recommendations by existing pool members. The experts are appointed by the AHPGS Accreditation Commission.

As a response to the ENQA recommendations in the previous review, the agency moved the call for experts onto a more prominent place on its website. The panel looked into the call, which can be found under one of the main headings (Über Uns/The Accreditation Agency) on the agency's website. The agency explained that the call is there permanently, and that the agency receives 2-4 applications per year through that route. They noted that a word of mouth is typically a more effective way of recruiting new experts to the pool than the open call. The panel also enquired about the recruitment of student experts. Students can similarly apply to the experts' pool through the open call on the website. The panel learned that while the Student Accreditation Pool is also a potential channel for recruiting student experts, it is more typical for students to be recruited through word of mouth or recommendation by existing experts. An interview with the representative of the Student Accreditation Pool illuminated the aspect that there are relatively few students in the pool with expertise in the fields represented by the agency, and that the pool would be interested in collaborating with AHPGS in terms of finding and training new student members to the pool from those fields.

The recruitment of review experts for AHPGS procedures is regulated by the national legislation. According to the additional material provided by the agency, following the stipulations in the Interstate treaty, Article 3 Paragraph 3, the German Rectors' Conference HRK has issued "Guidelines on the appointment of experts and the composition of expert groups for accreditation procedures", which form the basis for the appointment of representatives in the review panels. The academic representatives maintain a majority on the panel.

The SAR (p. 22) states that the AHPGS' pool of experts, comprise individuals *"who are competent in different fields ensuring that the assessment of all areas relevant for the review of a program (e.g., professional aspects, study-related structural and formal aspects, social aspects) are considered."*

According to SAR (p. 22) the composition of the expert panels for German procedures is regulated by the Article 25 of the Specimen Decree. The expert panel for programme accreditations in Germany comprises a minimum of two professors, one practitioner from the profession and one student. If a cluster of study programmes is assessed together, the expert group can be extended to be able to assess all the study programmes. System Accreditations in Germany are assessed by a minimum of three professors with experience in quality assurance of teaching at HEI, one practitioner from the profession in question, such as a representative of an employer, and one student.

The SAR (p. 22) states that for international procedures, the expert panel consists of at least four members: three professors and one student; and sometimes a practitioner from the profession may join the panel. Also in international programme accreditations, the panel may be extended depending

on the number of programmes to be assessed as a cluster. The agency staff explained that while the composition of the panels for international procedures is similar to the German ones, the panels are typically bigger, because the clusters of programmes to be accredited in international procedures usually comprise a larger number of programmes. The panel also learned that in international procedures, the experts already have sufficient experience in German procedures before joining a panel for international procedures. The agency does not use experts from the national context of the country in question, nor did the agency staff, upon enquiry by the panel, see this as necessary.

When expert panels are put together for a given QA procedure, the disciplinary expertise, gender balance as well as having a balanced mixture of seasoned and new experts are taken into account. All experts are asked to sign a declaration of no conflict of interest prior to the site visit. Given that experts must have adequate skills in the German language to engage in a discussion at a high professional level, German speaking experts from Switzerland and Austria are regularly used to broaden the international perspective of the panels.

General training of experts

The experts are required to have knowledge of the German accreditation system, which the experts may receive either through a training provided by another German accreditation agency, or through a training provided by AHPGS. For this purpose, the agency organises training webinars twice per year, addressing the use of the Interstate Treaty, the Specimen Decree and the programme accreditation procedure in Germany.

The webinar is advertised on the agency's website, and information about the webinar is sent by email to those applying to become experts, as well as to the representatives of HEIs. The webinar lasts approximately four hours and comprises two parts. According to the information sheet and training slides provided by the agency, Part 1 introduces the legal basis of the current accreditation system and the accreditation procedure. Part 2 addresses the submission of the HEI's self-evaluation report and other required documents; the mode of operation of the GAC as well as providing the data sheet required for re-accreditations. The contents of the training webinar are reviewed and updated annually. The participants have a possibility to send in questions in advance of the webinar and, once they are allocated to the panel for a particular HEI, also receive additional documents related to the legal basis, templates and documentation provided by the AHPGS in advance.

The agency provided the panel with the dates and number of participants for each of the training webinars for 2018-2023. The participation in the webinars averages 7 or 8 participants; with the Spring webinar in 2019, however, being participated by one person, and Spring 2023 webinar by none.

According to the additional information provided by AHPGS upon request by the panel, the agency also has other collaborations which contribute to the training of its review experts, most notably the Student Accreditation Pool as well as the Union and Network of Experts (GNW)

The Student Accreditation Pool is one potential avenue for recruiting student experts to the QA procedures conducted by the agency. In the additional information provided by the agency, it is stated that the agencies have jointly appointed a representative who communicates with the Student Accreditation Pool, and collaboration is also facilitated by organising joint meetings. AHPGS also financially supports the pool, for example in providing financial assistance to the training events provided by the pool. According to the information provided by the agency, most recently the agency funded the pool by 2500€ in November 2023. The Student Accreditation Pool has representation in the GAC.

The GNW is an organisation which brings together various experts on quality assurance. It provides reviewer training, and publishes strategy papers, fostering dialogue between QA agencies, GAC and the student accreditation pool, as well as networking with HEIs and societal stakeholders on matters related to study reforms, accreditation and quality assurance. The GNW similarly has representation in GAC. AHPGS supports the goals of the organisation and keeps in contact with it.

Supporting experts in German procedures

Before each site visit, an additional training call is conducted with each expert. The agency has produced a set of guidelines that the agency staff follow when conducting these training calls, which are longer and more detailed with those relatively new to the reviewer role, and somewhat shorter for those who already have participated in several procedures. According to the guidelines received by the panel, the call begins with an introduction, including questions about prior QA experience, and goes through the legislative basis of accreditation, procedures and documentation. Then a detailed explanation of the current accreditation system including the two-step assessment procedure between the AHPGS and GAC and details about the different criteria on the Specimen Decree are addressed. This is followed by a more detailed look into the procedure itself from an experts' perspective, including the preparation of the site visit, the site visit itself, the role of the reviewers as critical friends, the role of the AHPGS, as well as supporting the writing and publishing of the review report, and the decision taken by GAC. Finally, various organisational aspects related to documents, travel, and providing necessary information for AHPGS are addressed at the end of the call.

In terms of addressing the role of the specific expert, the SAR (p. 25) explains that student experts are instructed to consider student-related matters such as feasibility of studies, examination workload, and student participation. The practitioners from the profession are asked to consider the professional qualification of the study program, such as whether graduates are qualified for the current job market needs. In the case of larger clusters of programme accreditations, the consultants discuss with the professorial experts to specify a task division ensuring the correct expertise for each given degree programme. In the discussions with the staff, the review panel heard, however, that the agency insists on all experts being equal (they are also equally paid), they are allowed to ask questions on any aspect – including those beyond their focus areas – if they wish.

Furthermore, to support the review panels during site-visits, the agency has developed a template to help the experts check and sufficiently report on the subject specific criteria specified by the Specimen Decree. The template, received by the ENQA panel, addresses the following issues:

- Qualification objectives and degree level, taking into account the academic or artistic qualification; qualification for qualified employment; and personal development. (§ 11 Specimen Decree)
- Coherent study programme concept and adequate implementation, including provisions for curriculum, diverse forms of teaching and learning, as well as mobility-related issues; staffing, resources, examination system, feasibility of completing studies within the standard period; special profile requirements as well as a self-contained study program concept that adequately represents the special characteristics of the profile. (§ 12 Specimen Decree)
- Subject-specific design of the degree programmes, including ensuring the topicality and adequacy of requirements, and regular review and revision of content, methodological and didactic approaches, as well as systematic incorporation of subject-specific discourse at the national and, where appropriate, international level. (§ 13 Specimen Decree)

- Study success, including continuous monitoring that involves taking into account the opinion of students and graduates and regular measures to improve courses; as well as informing relevant stakeholders about the measures taken. (§ 14 Specimen Decree)
- Gender equality and equal opportunities; including ensuring that equal opportunities for students in special circumstances are in place and implemented at the study program level. (§ 15 Specimen Decree)

Supporting experts in international procedures

A separate guideline for training experts for international procedures has been developed. The guideline, provided by the agency to the panel, follows similar steps but is tailored to the particular country context. In its SAR (p. 25) the agency specifies that those experts that are engaged for QA procedures in other countries are always highly experienced experts with significant previous experience of QA procedures in Germany. In addition to an introduction to the given QA procedure and its guidelines, they also receive country specific information and a summary of the study programme or the HEI in question.

In advance of the site visit, they fill out a document called site visit evaluation sheet, that is aligned to the ESG and the agency criteria. This sheet enables the agency to identify whether there are major open questions or major gaps in the knowledge of the experts as well as support the experts in evaluating whether the institutions meet the criteria. They also function as reminders of all the elements the experts need to look into during the site visit.

The agency staff told the panel that the experts are free to ask the HEIs during the site visit any information they need, and that the HEIs would be informed if particular information needs would be identified in advance. The reviewers who had taken part in international procedures confirmed that they received information about the country context in advance and were able to freely contact the agency if they felt they did not understand something. Some reviewers also stated that they had participated in shared video calls with all panel members as well as the consultant responsible for the given procedure, in advance of the site visit. The consultants specialise in certain countries so that they get a better understanding of the country's context and possible national criteria. The representatives of international higher education institutions that had undergone a procedure with AHPGS consistently mentioned that they perceived the experts to have been very well prepared, professional, and knowledgeable of the specific country contexts.

Analysis

Throughout the site visit, the review panel heard overall satisfaction from various participants concerning the work done by the peer-review experts and by the agency itself in order to secure the quality of their recruitment, training and preparation. This general appreciation thus aligns with the strength listed in the SWOT analysis by AHPGS (SAR, p. 30) that quotes: *The QA activities are conducted by a qualified interdisciplinary team of consultants with high expertise and experience and an excellent pool of experts.*

The review panel was able to verify, by asking recurring questions to various stakeholders (internal as well as external) and by scrutinising the documentation given before and during the visit, that, as recommended by ENQA and EQAR after the last full review, the recruitment and in particular the training processes had been further intensified and improved.

The panel noted that a considerable amount of formalisation of the processes has been achieved and this thanks to the valuable development of the IQA mechanisms (for further details, see ESG 3.6.).

The recruitment phase is precisely framed by the national legislation, namely the Interstate Treaty and Specimen Decree, and the guidelines provided by the German Rectors Conference (HRK). Internally, the selection of experts and the composition of panels is prepared by the managing directors and the head of office. It is formally approved by the AHPGS Accreditation Commission that appoints the experts and checks among other things the disciplinary-related expertise, the gender ratio or the ratio between experienced and new experts.

When asked by the review panel, the agency staff noted that the open call placed in a visible manner on the agency's website has not proved to be particularly productive (2-4 potential experts annually) but remains for the sake of transparency. The panel was told that experience has shown that good experts, especially student experts, were found thanks to the recommendations of other reviewers or through contacts in HEIs. The panel believes these methods may coexist as long as they respect the legal prescriptions and produce satisfactory outcomes which is the case.

Concerning the recruitment of the students, the review panel suggests that the agency considers a closer collaboration with the Accreditation Student Pool; for the sake of partnership, it might be beneficial for both parties.

Regarding the way the agency prepares all its reviewers for its EQA procedures, AHPGS has implemented a flexible and personalised approach to experts' training and has developed various formats to do so. In that context, the review panel paid much attention to the issues raised by ENQA and EQAR in the Terms of Reference of this targeted review.

More than one participant stressed as a positive feature the fact that "individualised training and formal collective training are well balanced, so that the agency can focus on the needs that each expert has". This is very much appreciated by the experts themselves; however, the review panel was concerned with two issues: on the one hand, such an approach is time-consuming and, on the other hand, how can the agency guarantee that every expert gains the necessary skills and competences?

As regards time management, the panel noticed that the webinar format, despite the fact the contents of the training webinar are reviewed and updated annually, is attended by relatively few experts and suggests that some parts of these regular webinars might be recorded (or transferred in any other suitable format) and made accessible to those people who could not participate in real time.

Concerning the consistency of the training, the review panel was reassured by the measures taken by the agency:

- every single expert is invited to and benefits from the phone call format (its length may vary according to the previous experience of the expert). Newcomers will have a phone call which is much longer than for an experienced expert. If the new expert comes up with new questions after the call, they are welcome to reach out and questions are answered via e-mail or with another call;
- in case a very experienced expert would ask to be excused from such a call, the documented decision is made by the responsible consultant. A consultation with the managing directors before taking the decision is possible. This is valid only for experienced experts that have been working with AHPGS for a long time.
- to support the consultant throughout the experts training and therefore to secure common practice, the recently developed IQA system includes a well thought out protocol and flow-charts that permit every consultant to check each mandatory step;

- there are guidelines for the phone calls;
- the fact that the individual phone call actually serves two purposes: providing updated information to all but also – if needed – providing support and reassurance to new experts of varying profiles (e.g. professional practitioners or student experts). According to the staff (consultants), this facilitates the group dynamics in the following steps of the procedure;
- the pre-visit evaluation sheet is mandatory for each expert in international procedures as well as the meeting of the panel with the consultant the day before the visit starts;
- experienced consultants support new staff members in preparing the experts (this is part of the onboarding programme).

The review panel found all this coherent and consistent. The robustness of the IQA system being developed provides support for the whole process of training experts and allows for its continuous improvement.

Finally, the review panel noted that AHPGS does not assign the position of chair among its panels, apart from system accreditations and some international reviews in which the legislation requires the presence of a chair. The absence of a formal chair is part of the group dynamics fostered by AHPGS, demonstrating the value of equality among the panel members and operates smoothly under the management of the expert group by the member of agency staff.

Panel commendations

1. The review panel commends the agency for its commitment to developing and continuously improving a balanced approach to personalised training of experts and for its focus on the equality of panel members by not appointing chairs.

Panel suggestions for further improvement

1. The review panel suggests that the agency considers developing a closer collaboration with the German Student Accreditation Pool in the recruitment of student experts.
2. The panel suggests that the agency either makes a recording of (parts of) the training webinars or makes them accessible in some other suitable format for those people who are not able to participate in real time.
3. The panel suggests that the agency adopts the good practice of conducting regular video conference with the entire expert team which is already used in international procedures for those processes operated in Germany.

Panel conclusion: compliant

ESG 2.5 CRITERIA FOR OUTCOMES

Standard:

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

2018 review recommendation

There were no recommendations from the ENQA review panel.

During the upcoming external review of AHPGS renewal of registration, the Register Committee expects that the following issues to be specifically analysed by the review panel:

Analyse whether the new arrangements had any impact on the consistency of applying the accreditation criteria.

Evidence

Criteria for German procedures

The criteria for programme accreditation and system accreditation in Germany are defined by the Interstate Treaty on Study Accreditations¹⁰ (weblink available on the AHPGS website) and the Specimen Decree¹¹ (the weblink is not available on the AHPGS website, but can be accessed through the GAC website).

The criteria are divided into two parts: formal criteria and subject-specific criteria. The agency staff explained to the panel that according to the current regulations, it is the responsibility of the agency to check that the HEI or programme, respectively, fulfils the formal criteria, based on the self-evaluation report and other data provided by the HEI. If the formal criteria are met, the site visit is organised and an expert panel appointed to review the fulfilment of the subject-specific criteria. Agency staff also explained to the panel that, while the contents of the assessment criteria did not noticeably change in the implementation of the Interstate Treaty and the Specimen Decree in 2018, the new regulations do make a clearer distinction between the agency's duty to check the fulfilment of the formal criteria and the duty of the expert panel to assess the fulfilment of the subject-specific criteria. They also offered their view that the current task division functions very well and plays to the strengths of the agency and the external reviewers, who are experts in their specific disciplines.

The correspondence of the criteria defined by the Specimen Decree is illustrated in the SAR Annex I.

According to the SAR (p. 26) and confirmed also by the external evaluation report of GAC by ENQA in 2022, the GAC has prepared a standardised template to be used in the programme accreditations, in order to ensure that all criteria are applied consistently. The panel was able to confirm this by reviewing the report template provided by the agency, as well studying a random sample of review reports for programme accreditations. Both the agency staff and the reviewers furthermore confirmed that the report templates are always the same.

In its SAR, the agency states the following: "The shift of the accreditation system in Germany in 2018 had no negative effect on AHPGS' compliance to this criterion. All accreditation procedures in Germany follow the same legal framework and have to comply to the same criteria."

¹⁰<https://www.google.com/url?q=https://www.akkreditierungsrat.de/sites/default/files/downloads/2019/Studienakkreditierungsstaatsvertrag.pdf&sa=D&source=docs&ust=1705418373842751&usg=AOvVaw3vPasCmtLEPFQZ7wYkgmMn>

¹¹<https://www.google.com/url?q=https://www.akkreditierungsrat.de/de/media/152&sa=D&source=docs&ust=1705418373842212&usg=AOvVaw3C-udEu-FNqvOmTfDyU6kl>

Criteria for international procedures

The SAR (p. 25) states that the criteria for international procedures are outlined in the Handbooks for Program Accreditation and Institutional Evaluation, which are available on the AHPGS website. Furthermore, the correspondence of the AHPGS criteria with the ESG is demonstrated in the mapping grid (SAR Annex 2). The international evaluations are also able to incorporate further national requirements, in which case these are agreed upon in the contract between the agency and the HEI in question. By reading some of the review reports from international procedures, the panel was able to confirm that review reports do indeed follow the criteria stated in the mapping grid (SAR Annex 2).

Analysis

Overall, accreditation procedures in Germany and abroad are based on explicit and published criteria that are applied consistently.

Following the reorganisation of the task division between AHPGS and GAC, the agency uses the criteria provided by the Specimen Decree in German procedures. The criteria were divided into formal criteria, which are primarily checked by the agency, and into content-related criteria, which are primarily checked by the reviewers. In talks with the agency, the agency's accreditation council and reviewers it became evident that the criteria mainly remained the same, given the changes in the accreditation system in Germany in 2018. The panel did not see any adverse effect in the role of applying criteria for outcomes with the shift in the accreditation system. The presence of an AHPGS member of staff in every accreditation procedure, standard templates and the handbooks provided all ensure that criteria are applied uniformly. The panel was able to verify this in the different discussions with stakeholders and through its own search within the AHPGS report website.

The standards for international procedures are included in Handbooks for Programme Accreditation and Institutional Evaluation available on the AHPGS website. The freedom, if required, to follow national standards in international assessments shows the agency's flexible adaptation to particular circumstances. The integration of ESG standards into the Handbook for institutional procedures abroad, and its thorough implementation, are discussed in the section regarding ESG 2.1.

After giving the ENQA panel's previous suggestion to define with more detail the difference between "accreditation with or without conditions", "suspension", or "refusal of accreditation" careful thought, AHPGS could not see any indication that action was required. AHPGS has effectively avoided misunderstandings or questions from HEIs about criterion handling and accreditation outcomes. This achievement is ascribed to clear communication via customised online seminars with HEIs, a contract that outlines the possible outcomes, and continuous assistance from staff throughout the planning of the site visit and self-evaluation report. In talks with the agency, reviewers, and HEIs in Germany and abroad it became evident that the different outcomes of procedures are clear to the stakeholders. Some explanations were added in the Handbook for Programme Accreditation (Part 2 Plan of the accreditation procedures) and, in the panel's view this adds to the clarity. The contract between the AHPGS and the HEI includes explanation on the cases which accreditation recommendation/decision can be taken (e.g. the recommendation for accreditation will be granted with conditions if there are defects which can most likely be remedied within 12 months, Contract § 5).

Panel conclusion: compliant

ESG 2.6 REPORTING

Standard:

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

2018 review recommendation

There were no recommendations from the ENQA review panel.

During the upcoming external review of AHPGS renewal of registration, the Register Committee expects that the following issues to be specifically analysed by the review panel:

Analyse how AHPGS ensures that its final reports are also published if the institution does not forward the report to GAC.

Evidence

Publication of reports and decision

According to the Agency's SAR (p. 27) the responsibility to publish the report is related to which body takes the decision on the accreditation. The variation in the decision-making and follow-up is further discussed under ESG 2.3.

In table 3 of the SAR (p. 28), reproduced below, an overview of the different types of QA procedures is presented, showing that depending on the type of procedure, and who takes the decision on the accreditation, the formal legislation-based responsibility to publish the evaluation report and the final decision varies.

	Program Accreditation in Germany			System Accreditation in Germany	Program Accreditation Abroad		Institutional Evaluation (abroad)	
Decision	GAC	AC	HEI	GAC	AC	National authority	AC	National authority
Report published	GAC	AHPGS	AHPGS	GAC	AHPGS	AHPGS	AHPGS	AHPGS
Decision published	GAC	AHPGS	HEI ¹²	GAC	AHPGS	National Authority	AHPGS	National Authority

German procedures

As a general rule: if the GAC takes the decision, both the report and the final decision are published in GAC's ELIAS database. On the agency website, however, it can be seen that the AHPGS also

¹² In SER AHPGS made a mistake here as the decision is always published by the institution that has taken the decision: This means that the decision of procedures commissioned by system accredited HEIs are NOT published by AHPGS but by the HEI. AHPGS publishes the report.

publishes those reports. The SAR (p. 28) explains that when AHPGS experts finish a review report, it is sent to the HEI in question, which is responsible for uploading it to the GAC database. The SAR (p. 28) furthermore states that *“Neither the GAC nor AHPGS sees the problem of HEIs not handing the assessment report to the GAC since GAC is the only institution being able to take a decision. For the case that HEIs are not satisfied with the assessment report, it is possible to point this out to the GAC by handing in a statement. This statement is considered carefully by the GAC when taking the decision.”*

It may also be the case that an HEI may decide to withdraw its application for an accreditation at a very late stage. In this case, no decision is taken nor a report is published. If the HEI later submits the same programme for accreditation, it is considered a new procedure, and a new self-evaluation report is required, a new site visit organised and a new assessment report written.

In the SAR the agency states that in the cases where the GAC does not take the decision, AHPGS always publishes the reports on its website. If the decision is taken by the AHPGS AC (as may be the case in some German programme accreditations; as well as in some international procedures), then also the decision is published by AHPGS.

However, the panel found the table and the SAR text somewhat confusing, and explicitly asked the agency management whether all reports are published, and if so, why does the table seem to indicate otherwise. The agency management informed the panel that the table describes the responsibility as defined by legislation, and assured the panel that the agency always publishes the assessment reports on their website as soon as they are finalised and have gone through factual check by the HEI, irrespective of who takes the formal decision.

International procedures

As a general rule, if the decision on a QA procedure is taken by a national authority in some other country, that authority is also responsible for publishing the decision.

The two documents that guide the international procedures, the Handbook for Programme Accreditation and the Handbook for Institutional Evaluation, both mention the publishing of reports:

Handbook for Institutional Evaluation (p. 2-3) states the following: *“The expert report, the HEI’s response, together with the application and all documentation submitted by the HEI are made available to the Accreditation Commission of the AHPGS. It is on the basis of these documents that the Accreditation Commission reaches its decision regarding the outcome of the quality assurance procedure. According to the regulations given in the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, section 2.6), the final report will be published.”*

The Handbook for Programme Accreditation pertaining to international procedures (p. vi) states the following: *“According to the regulations given in the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, section 2.6), the AHPGS publishes the Assessment Report about the accreditation of the study program on its website.”*

The contract template (SAR Annex II) used in contracts between the AHPGS and the HEIs in international procedures stipulates in article I, which describes the steps taken in the accreditation, that the final reports will be published on the AHPGS website.

Publishing of all reports pertaining to international procedures is also mentioned in the agency’s website.

Analysis

In line with the ESG standard, AHPGS exhibits a thorough process for publishing evaluation reports and results. The agency employs different strategies depending on the kind of accreditation process and the body making the decision,

When the GAC makes a judgement for German procedures, the report and the final ruling are both posted on the GAC's ELIAS database. By facilitating access to the database on its website, AHPGS ensures that the evaluation process is comprehensive and transparent. To ensure greater accessibility, AHPGS also posts its reports on its website, once its review process is finished. Clarifying its statements in the SAR, the agency was able to assure the review panel that every report made by the agency is published, even if it is not the decision-making body. Transparency is preserved even in the event that a HEI withdraws its application by not submitting the report to the GAC. However, both the agency and GAC representative stated there has never been any case so far where the HEI failed to send the report to GAC. This is explained by the fact that if a HEI does not present the assessment report to GAC before their previous accreditation term expires, the programme loses its accreditation.

For international procedures, the agency also adheres to the principle that all reports, including those resulting in negative decisions, are published in full. Decisions are published together with the reports, only in the case where the agency's Accreditation Commission is responsible.

Overall, AHPGS adheres to the ESG standards for publishing reports and decisions by maintaining a transparent approach for both German and international accreditation procedures. The clarity and accessibility of reports demonstrate the agency's commitment to open communication with the academic community, external partners and other stakeholders.

The current structure of the AHPGS website lists its procedures by cities, and hyperlinks the associated reports. However, it lacks a filtering mechanism for accessing the latest reports, potentially hindering the user's ability to stay updated on recent evaluations. To enhance user experience and provide a more efficient overview, it is recommended that the website incorporates the publication date or year alongside each report. This addition would enable users to easily identify and access the most recent evaluations, facilitating a more streamlined and informative navigation through the accreditation reports on the AHPGS website.

The agency has also invested significant effort in improving the quality of the reports and reducing the deviations of conditions between those set in the reports by AHPGS and those set on the decisions by GAC. These will be addressed under the enhancement standard ESG 3.6.

Panel commendation

- I. The panel commends the agency for facilitating accessibility of information by publishing all evaluation reports on its website even though formally all evaluation reports where GAC has taken decision on accreditation regarding German HEI's are published by GAC.

Panel suggestions for further improvement

- I. The panel suggests that the agency enhances the AHPGS website by adding the publication date or year alongside each report to facilitate easier access and filtering for the latest evaluations.

Panel conclusion: compliant

ENHANCEMENT AREA

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

AHPG chose ESG 3.6, Internal quality assurance, as an enhancement area due to the internal reflections sparked by the previous ENQA review's recommendation to establish a more formal internal quality assurance mechanism, which the agency had not had in place due to its small size.

The agency wanted to put in place structures and processes that facilitate the work of its staff members in general, as well as tackling the challenges related to the quality of its review reports in particular. To achieve the more general aim, the agency has focused on onboarding of new staff, staff cooperation and knowledge transfer, as well as implementing a digital process management platform to support the work of the staff. These activities also form a basis for taking the more targeted aim of improving the quality of its review reports and reducing the occurrence of the rejected reports by GAC.

In approaching the enhancement area of the targeted review, the panel took as its starting point the information concerning the improvements implemented by the agency on internal quality assurance since 2021. These concern specifically the onboarding to new employees; measures taken to improve the quality of the assessment reports, and the implementation of the digital process management platform. The panel discussed the implementation of the internal quality assurance with the agency management and staff in a meeting dedicated to the enhancement area, but also gleaned information pertaining to IQA in different meetings throughout the visit.

General aim: Fostering the AHPGS knowledge base and community

AHPGS is conscious of a two-fold challenge related to its human resources. On the one hand, internal aspects such as some of the AHPGS staff approaching retirement or some individuals having left the agency for other reasons necessitates a robust, forward-looking approach to human resource management. On the other hand, external factors such as the task division on quality assurance between the agency and the GAC, the potential move towards more system accreditations in Germany, as well as the desire of the agency to look for new markets in international quality assurance procedures, requires the agency staff to be constantly up-to-date in terms of their professional competences. To address these challenges, the agency has taken steps to support effective knowledge transfer and thus improve the consistency of its quality assurance procedure. It also seeks to improve the integration of the new staff members and thus the internal cohesion of the agency. To this end, the agency has for example implemented an impressive onboarding checklist and concept including the system of a new staff member being accompanied by a mentor for the first six months of employment. Furthermore, the agency has implemented a digital process management platform to secure the cooperation between consultants and administration staff working at the office and remotely. This platform also supports the staff in the documentation of the work process. The platform that has been presented by the agency staff to the review panel as “work in progress” contains among other things the various procedures useful to the staff for its daily work. The panel agrees with the agency that such process management platform will be useful for staff and management to monitor the process and have access to all information at any time and from any place with internet connection.

At the same time the agency has aimed to implement measures that uphold the cohesion and community within the agency staff, such as organising weekly staff meetings with the consultants, bi-weekly staff meetings with all agency staff, as well as deciding that once a month the staff meeting will be held face-to-face. The agency has also increased flexibility on the times at which the staff can choose to take their summer holidays, as the agency is no longer categorically closed in August, as was the

case before which effectively forced the staff to take their summer holidays all at the same time. AHPGS is a very small organisation, and the panel encourages the agency to continue ensuring flexibility for staff working arrangements while supporting the feeling of community amongst the small staff. Balancing the two is something that many organisations struggle with, post-COVID; and the agency could consider some benchmarking and brainstorming exercises to find the solutions that best work for AHPGS's organisation and working culture.

While the agency has already taken many steps in terms of internal quality assurance, there may be room for further improvements. For example, the review panel believes that one specific area regarding the database of reviewers/potential reviewers would benefit from some updating and further monitoring. Even if the present situation of recruiting experts is satisfactory (see ESG 2.4), it might be useful to collect relevant information about the actual and potential experts registered in that database in order to identify trends and anticipate future needs.

During the site visit, the staff mentioned a wish to further develop the channels of internal communication so that everyone in the agency is better informed by the management about ongoing changes and discussions, etc. The panel feels that internal communication and cohesion are key to continue fostering a sense of community in the agency, especially in the aftermath of the COVID pandemic which in many ways changed the work-place practice. While the small size of the agency does not necessarily invite the establishment of overly bureaucratic formal IQA procedures and structures, regularly asking for anonymous feedback within the agency might help to identify other aspects that staff is interested in or worried about but do not want to express explicitly. The external mediator engaged by the agency might provide useful input in this process.

At the same time, the agency should consider the opportunities for further education and professional development of staff, which would both contribute to the continued professionalism of the staff, and to staff retention. A good practice already adopted in this regard is the ability of the staff to participate in various training courses.

Targeted aim: Improving the quality of review reports

The improved knowledge-base and professionalism of the AHPGS staff, as well as improving the internal processes of communication and collaboration manifests itself also in terms of a narrower, more targeted aim, related to improving the quality of the agency's review reports.

As per the task division between the agency and the GAC, once the external review report produced as a result of a German program accreditations or system accreditation procedure is handed over to the GAC, the agency explains in its SAR (p. 11) that "GAC has the option to reject the assessment report due to quality issues. In these cases, the descriptions and the arguments leading to conditions and recommendations are not comprehensible and the agencies are forced to revise the assessment report." Between 2019 and mid-2021, the GAC rejected 15,9% of AHPGS produced reports, a second highest rate amongst German agencies.

An assessment report prepared by the agency may include suggestions for conditions to the accreditation. In their decision, the GAC may confirm these conditions, add new ones or remove conditions. The agency monitors the decisions to reduce deviations between what the external expert panels have mentioned as conditions for accreditations in the review reports; and the conditions that the GAC have decided upon as prerequisites for their accreditation decisions. If it is not comprehensive for the GAC why the evaluation panel has suggested certain conditions and failed to suggest other conditions, the report is rejected. Incomprehensive reports are usually written in a way

that the arguments leading up to suggested conditions are not clear. Sometimes, some characteristics of the study program are not described properly leading to confusion what kind of study program is accredited.

The agency has made an impressive improvement in terms of reducing the percentage of rejected reports by GAC from nearly 16 % to 0 % in a very short period. This has been achieved by creating consistent mechanisms and guidelines for drafting and counter-checking the reports before their finalisations and discussing the GAC decisions in the staff meetings in order to understand their logic. This often leads to changes in the check lists, guidelines or text blocs in the report to make sure that certain topics are addressed in the procedures. The work done by the agency is commendable and could be of interest also to a wider audience. For this reason, the agency might consider producing a thematic analysis based on the topic.

The agency provided two satisfaction surveys as thematic analyses, which, however, in the panel's view, is more related to the area of internal quality assurance of the agency as these satisfaction surveys allow evaluation of whether the procedures used by the agency are appropriate and efficient. The panel believes that surveys could be an important source of information to help to find areas that might need improvements, innovations etc. The surveys provide information from both sides - HEIs and experts and the results could be discussed within the agency followed by action plans if necessary.

AHPGS is to some extent a specialised agency focusing on quality assurance of certain study fields. This means that the agency has quite clear external stakeholders for whom results of agency evaluations might be of interest. Therefore, it would be useful for AHPGS, as part of its internal strategy process, to consider ways of intensifying cooperation with professional health care organisations, ministries and professional associations to ensure that it is up-to-date in relation to ongoing federal regulations, discussions, and problematic areas that should be addressed in the external evaluation of German HEIs. Currently, as was clear from site visit meetings with external stakeholders, such cooperation seems to be fragmented.

Summing up

During the site visit, the review panel was able to deepen its understanding of the developing IQA system of AHPGS. The panel is of the view that the formalisation of such a system should not only respond to recommendations stemming from previous reviews; it was clear to the panel that the IQA system does answer the needs of the agency in a challenging situation where 1) the changes in the national EQA system has led to changes in the QA procedures; and 2) a certain level of staff turn-over has required new staff members to be rapidly trained to their various tasks. In addition, the pandemic implied lock-down and distant-working conditions for a while. The various examples given above illustrate the areas in which the IQA has been a concrete support for the staff.

The AHPGS IQA system comprises a coherent set of procedures and associated tools. However, to improve the IQA further in a manner that best serves both the everyday tasks of the agency and also its strategy and organisational culture, the agency could describe the procedures of its evolution (when and by whom is the system revised) as well as explicitly linking it with the values of the agency. The panel would urge the agency to find a way to connect the developing IQA system with the strategy of the agency while ensuring that it remains a living system for the implementation of the continuous quality improvement cycle based on plan-do-check-act.

Panel commendation

- I. The panel commends the agency for its successful efforts to raise the quality of evaluation reports and thus reducing the number of rejected reports by GAC.

CONCLUSION

SUMMARY OF COMMENDATIONS

3.4.

1. The review panel commends AHPGS's staff for the pragmatic and prolific internal dynamics devoted to the identification of topics for potential thematic analyses (winter and summer exchanges) backed up by a systematic schedule (workflow).

3.6

1. The panel commends the agency for its successful efforts to raise the quality of evaluation reports and thus reducing the number of rejected reports by GAC.

2.4

1. The review panel commends the agency for its commitment to developing and continuously improving a balanced approach to personalised training of experts and for its focus on the equality of panel members by not appointing chairs.

2.6

1. The panel commends the agency for facilitating accessibility of information by publishing all evaluation reports on its website even though formally all evaluation reports where GAC has taken decision on accreditation regarding German HEI's are published by GAC.

OVERVIEW OF JUDGEMENTS AND RECOMMENDATIONS

In light of the documentary and oral evidence considered by it, the review panel is satisfied that, in the performance of its functions, AHPGS is in compliance with the ESG.

The panel judges the agency to be compliant in ESGs 3.4, 2.3; 2.4; 2.5; 2.6.

The panel judges the agency to be partially compliant in ESG 2.1

3.4

1. The review panel recommends AHPGS to remain engaged in the production of relevant and outward-reaching thematic analyses having in mind the various target audiences and securing an adequate dissemination of such studies.

2.1

1. The review panel recommends the agency to work further on the Handbook for Institutional Evaluation to ensure that criteria fully cover all ESG Part I standards.
2. The review panel recommends the agency to ensure that evaluation reports reflect all elements of the agency's criteria.

SUGGESTIONS FOR FURTHER IMPROVEMENT

3.4

1. The review panel suggests the AHPGS Board and management to support the staff in engaging in the writing of thematic analyses (clear operational strategic lines, adequate workload assessment, support for communication strategies).

2.1

1. The review panel suggests the agency to look for a method to ensure that the correspondence of the agency's criteria to ESG Part I in the Handbooks is clearly visible; and avoid confusion in providing proof of alignment in different documents.

2.3.

1. Rather than depending exclusively on reaccreditation cycles that happen after a number of years, the agency could take a more proactive approach by developing and putting into place its own (or together with GAC) follow-up measures for national procedures. This would guarantee ongoing improvement and responsiveness to areas that have been identified for improvement.

2.4

1. The review panel suggests that the agency considers developing a closer collaboration with the German Student Accreditation Pool in the recruitment of student experts.
2. The panel suggests that the agency either makes a recording of (parts of) the training webinars or makes them accessible in some other suitable format for those people who are not able to participate in real time.
3. The panel suggests that the agency adopts the good practice of conducting regular video conference with the entire expert team which is already used in international procedures for those processes operated in Germany.

2.6

1. The panel suggests that the agency enhances the AHPGS website by adding the publication date or year alongside each report to facilitate easier access and filtering for the latest evaluations.

ANNEXES

ANNEX I: PROGRAMME OF THE SITE VISIT

SESSION NO.	TIMING	TOPIC	PERSONS FOR INTERVIEW
1	120 min	Review panel's kick-off meeting and preparations for site visit	
2	90 min	An online clarifications meeting with the agency's resource person to clarify the agency's changes since the last full review against the ESG and to understand the background and motive of the agency's choice of the self-selected ESG standard for enhancement (next to the overall HE and QA context of the agency)	Resource person Managing directors
		Arrival of the panel	
3	8.00-10.00	Review panel's private meeting	
4	10.00-10.30	A pre-visit meeting with the agency's resource person to clarify any remaining questions after the online clarifications meeting	Resource person Managing director
	15 min	Review panel's private discussion	

SESSION NO.	TIMING	TOPIC	PERSONS FOR INTERVIEW
5	10.45-11.30	Meeting with the CEO and the Chair of the Board (or equivalent)	Board member Managing director
	15 min	Review panel's private discussion	
6	11.45-12.45	Meeting with the agency staff/representatives on the agency's self-selected enhancement area	Resource person, consultant program accreditation Germany External mediator Head of the office Managing director, consultant program accreditation Germany
	12.45-13.45	Lunch (panel only)	
7	13.45-15.00	Meeting with key staff of the agency/staff in charge of external QA activities	Consultants Consultant, program accreditation Germany Consultant, program accreditation Germany Consultant, program accreditation Germany Consultant, program accreditation Germany Consultant, program accreditation abroad, institutional evaluation abroad Consultant, program accreditation Germany Consultant, program accreditation abroad, institutional evaluation abroad
	15 min	Review panel's private discussion	
8	15.15-16.15	Meeting with Accreditation Commission and Complaints Commission (Online)	Accreditation Commission member, Prof. Dr.

SESSION NO.	TIMING	TOPIC	PERSONS FOR INTERVIEW
			member, Ms. member, Prof. Dr. member, Prof. Dr. Complaints Commission member, Prof. Dr. member, Prof. Dr. member, Ms.
9	16.15-17.30	Wrap-up meeting among panel members and preparations for day 2	
		Dinner (panel only)	
10	8.30-9.15	Meeting with the German Accreditation Council (online)	Representative of the German Accreditation Council
	9.15-10.30	Review panel's private meeting	
11	10.30-11.15	Meeting with heads of some reviewed HEIs/ HEI representatives and quality assurance officers of HEIs in Germany	Representative of Pädagogische Hochschule Schwäbisch Gmünd, academic assistant in the area of quality management Representative of Pädagogische Hochschule Freiburg, prorector for teaching, studies and digitalization

SESSION NO.	TIMING	TOPIC	PERSONS FOR INTERVIEW
			<p>Representative of Evangelische Hochschule Freiburg, prorector for teaching</p> <p>Representative of Fliedner Fachhochschule Düsseldorf, rector and managing director</p> <p>Representative of Pädagogische Hochschule Freiburg, quality development department</p>
	15 min	Review panel's private discussion	
12	11.30-12.15	Meeting with heads of some reviewed international HEIs/ HEI representatives (Online)	<p>Vice Dean of Quality & Development at Batterjee Medical College, Jeddah, Saudi-Arabia</p> <p>Vice-Rector for the Academic Strategy and the Study Programmes at Vasile Goldis Western University of Arad, Romania</p> <p>Rector of Vasile Goldis Western University of Arad, Romania</p> <p>Dean of Graduate Studies, Research, Academic Development & Quality Assurance at Beirut Arab University, Beirut, Lebanon</p> <p>Prorector of Andrei Saguna University of Constanta, Romania</p>
	12.15-13.15	Lunch (panel only)	
13	13.15-14.15	Meeting with representatives from the reviewers' pool	<p>Student, Universität Luzern</p> <p>Representative of Frankfurt University of Applied Sciences</p> <p>Student, Medical School Berlin</p>

SESSION NO.	TIMING	TOPIC	PERSONS FOR INTERVIEW
			<p>Representative of Hochschule Koblenz</p> <p>QA expert, Zürich</p> <p>Representative of Duale Hochschule Baden-Württemberg, Mannheim</p> <p>Representative of Universitätsklinikum Heidelberg</p> <p>Representative of Evangelische Hochschule Freiburg</p> <p>Representative of SRH Hochschule Heidelberg</p>
	15 min	Review panel's private discussion	
14	14.30-15.15	Meeting with Stakeholders, such as employers, students, local community (Online)	<p>Board member, at the Social Work Faculty Conference</p> <p>Representative, Ministry of Science, Research and Arts, Baden-Württemberg, Department of Fundamental Issues in Studies and Teaching, Study Orientation, academic continuing education, accreditation</p> <p>Representative of Managing Board Dean's Conference Nursing Science</p> <p>Representative of Students' pool</p> <p>Representative of Märkische Kliniken GmbH</p> <p>Former representative of German Professional Association für Social Work</p>
	15 min	Review panel's private discussion	

SESSION NO.	TIMING	TOPIC	PERSONS FOR INTERVIEW
15	15.30-16.30	A session to further investigate the criteria outlined in Hanbooks for international procedures	Managing director Consultant, international procedures Consultant, international procedures
16	16.30->	Wrap-up meeting among panel members: preparation for day 3 and provisional conclusions	
17	8.00-8.30	Meeting among panel members to agree on final issues to clarify	
18	8.30-9.30	Meeting with managing directors and Resource person	Managing directors Resource person
19	9.30-11.00	Private meeting between panel members to agree on the main findings	
20	11.00-11.30	Final de-briefing meeting with staff and Board members of the agency to inform about preliminary findings	
	11.30	Lunch and departure	

ANNEX 2: TERMS OF REFERENCE OF THE REVIEW

Targeted review of Accreditation Agency in Health and Social Sciences (AHPGS) against the ESG

Annex I: TERMS OF REFERENCE

The present Terms of Reference were agreed between AHPGS (applicant), ENQA (coordinator) and EQAR.

1. Background

The Accreditation Agency in Health and Social Sciences -AHPGS has been registered on the European Quality Assurance Register for Higher Education (EQAR) since 2009 and is applying for renewal of EQAR registration based on a targeted external review against *the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)* coordinated by The European Association for Quality Assurance in Higher Education (ENQA).

Accreditation Agency in Health and Social Sciences -AHPGS has been a member of the European Association for Quality Assurance in Higher Education (ENQA) since 2009 and is applying for renewal of ENQA membership.

AHPGS is carrying out the following activities within the scope of the ESG:

- Programme Accreditation of HEIs in Germany
- System Accreditation of HEIs in Germany
- Programme Accreditation of HEIs outside of Germany
- Institutional Evaluation of HEIs outside of Germany¹³

All these activities will be included on the agency's profile on the EQAR website and linked to DEQAR database. NB: The agency may not upload reports from other activities to DEQAR.

2. Purpose and scope of the targeted review

This review will evaluate the extent to which AHPGS continues to fulfil the requirements of the ESG. The targeted review aims to place more focus on those parts that require attention and provide sufficient information to support AHPGS's application to EQAR.

The review will be further used as part of the agency's renewal of membership in ENQA.

¹³ As listed on AHPGS profile in EQAR. Also known as 'Institutional Auditing' as shown on AHPGS website <https://ahpgs.de/en/institutional-audit/>

2.1 Focus areas

A) Standards with a partial compliance conclusion in the Register Committee's last renewal decision:

a. ESG 2.1 – Consideration of internal quality assurance (see below under point D)

b. ESG 2.4 – Peer-review experts

- Consider how does the agency ensure the training of experts, in particular to address whether the agency ensures that each experts participates and gains the necessary skills and competences, and whether the experts have sufficient knowledge of the higher education system where the review takes place (in case of cross-border reviews).

- Address how the criteria and process for recruiting experts to AHPGS' pool of experts and specifically how are the agency's groups of experts are composed and what is the rationale for their composition? If there is substantial differentiation between experts, how are the roles and responsibilities assigned and distributed.

c. ESG 3.4 – Thematic Analysis

- Consider how the agency draws from the findings from its quality assurance activities and how it ensures that such (thematic) analyses are conducted regularly.

B) Standards 2.1 to 2.7 for the following activities:

a. n.a.

C) Standards affected by other types of substantive changes:

a. ESG 2.3: consider the interaction between GAC and AHPGS, and their respective roles in the follow-up processes;

b. ESG 2.5: analyse whether the new arrangements had any impact on the consistency of applying the accreditation criteria.

c. ESG 2.6: to analyse how AHPGS ensures that its final reports are also published if the institution does not forward the report to GAC.

D) ESG 2.1 Consideration of internal quality assurance for all external QA activities.

- In addition, the panel is asked to consider whether all the criteria of ESG Part 1 have been addressed in AHPGS international external QA activities in particular consider ESG 1.7, ESG 1.8 and ESG 1.9.

E) Selected enhancement area: ESG 3.6 Internal quality assurance and professional conduct

F) Other matters regarding ESG compliance that come up during the targeted review and that may affect the agency's compliance with the ESG (if any).

These issues should be investigated by the review panel as far as possible, providing an analysis and conclusion on the ESG standard(s) concerned.

3. The review process

The review will be conducted in line with the requirements of *the EQAR Procedures for Applications* and *the Policy on Targeted Reviews*, and following the methodology described in the *Guidelines for ENQA Targeted Reviews*.

The evaluation procedure consists of the following steps:

- Agreement on the Terms of Reference between EQAR, AHPGS and The European Association for Quality Assurance in Higher Education (ENQA);
- Nomination and appointment of the review panel by The European Association for Quality Assurance in Higher Education (ENQA);
- Self-assessment by AHPGS including the preparation and publication of a self-assessment report;
- A site visit by the review panel to AHPGS;
- Preparation and completion of the final review report by the review panel;
- Scrutiny of the final review report by ENQA's Agency Review Committee;
- Analysis of the final review report and decision-making by the EQAR Register Committee;
- Decision on ENQA membership by the ENQA Board;
- Attendance to the online follow-up seminar.

3.1 Independence of the review coordinator

The coordinator has not provided remunerated (e.g. consultancy) or unremunerated services to AHPGS during the past 5 years, and conversely AHPGS has not provided any remunerated or unremunerated services to the coordinator.

3.2 Nomination and appointment of the review team members

The review panel consists of at least four members including an academic employed by a higher education institution, a student member and one other expert. At least two members are from another country.

At least one panel member should be a quality assurance professional that is currently employed by a QA agency and has been engaged in quality assurance within the past five years. When requested by the agency under review or when considered particularly pertinent, other stakeholders (for example, a representative of the labour market) may be included. In this case, an additional fee is charged to cover the reviewer's fee and travel expenses.

One of the members serves as the chair of the review panel, and one as the review secretary. At least one of the reviewers is an ENQA nominee (most often the QA professional[s]). At least one of the reviewers is appointed from the nominees of either the European University Association (EUA) or the European Association of Institutions in Higher Education (EURASHE), and the student member is always selected from among the ESU-nominated reviewers. If requested, the labour market representative may come from the Business Europe nominees or from ENQA. At least two panel members come from outside the national system of the agency under review (if relevant).

The panel will be supported by the ENQA Review Coordinator (an ENQA staff member) who will monitor the integrity of the process and ensure that ENQA's requirements are met throughout the process. The Review Coordinator will not be the secretary of the review and will not participate in the discussions during the site visit interviews.

ENQA will provide the agency with the proposed panel composition and the curricula vitarum of the panel members to establish that there are no known conflicts of interest. The reviewers will have to agree to a non-conflict of interest statement that is incorporated in their contract for the review of this agency.

Once appointed, the coordinator will inform EQAR about the appointed panel members.

3.3 Self-assessment by AHPGS, including the preparation of a self-assessment report

AHPGS is responsible for the execution and organisation of its own self-assessment process and shall take into account the following guidance:

- Self-assessment includes all relevant internal and external stakeholders;

The self-assessment report is expected to contain:

- a description of the self-assessment process and the production of the SAR;
- a description of changes occurred within the agency since the last full review, including any eventual changes in the higher education system and quality assurance system in which the agency predominantly operates, the agency's structure, funding, its list of external quality assurance activities within the scope of the ESG, as well as the changes in the agency's quality assurance activities abroad (where relevant);
- a section that addresses the focus areas of the review, including standards that were considered to be partially compliant with the ESG in the last full review as well as ESG 2.1 and one self-selected ESG standard for enhancement (see 2.1 Focus areas);
- a SWOT analysis of the agency as a whole;

- for each of the individual standards enlisted above (see section 2) a consideration of how the agency has addressed the recommendations as noted in the previous EQAR Register Committee decision of inclusion/renewal (if applicable).

The report is well-structured, concise and comprehensively prepared. It clearly demonstrates the extent to which AHPGS fulfils its tasks of external quality assurance and continues to meet the ESG and thus the requirements for EQAR registration.

The self-assessment report is submitted to the review coordinator, which has two weeks to carry out a screening. The purpose of a screening is to ensure that the self-assessment report is satisfactory for the consideration of the panel. The coordinator will not judge the content of information itself but rather whether or not the necessary information, as outlined in the *Guidelines for ENQA Targeted Reviews*, is present. If the self-assessment report does not contain the necessary information and fails to respect the requested form and content, the ENQA Secretariat reserves the right to ask for a revised version within two weeks.

The final version of the agency's self-assessment report is then submitted to the review panel a minimum of eight weeks prior to the site visit. The agency publishes the completed SAR on its website and sends the link to ENQA. ENQA will publish this link on its website as well.

3.4 A site visit by the review panel

The review panel will draft a proposal of the site visit schedule considering the aspects included under the focus area (as defined under point 2.1 of the Terms of Reference).

The schedule will include an indicative timetable of the meetings and other exercises to be undertaken by the review panel during the site visit. The approved schedule shall be given to AHPGS at least one month before the site visit, in order to properly organise the requested interviews.

The site visit should enable the review panel to explore how the agency has addressed the standards where it has been found to be partially compliant (if the case), aspects of substantive change, consideration of internal quality assurance (ESG 2.1) and the self-selected ESG standard(s) for enhancement. The panel will include extra time during the site-visit to address any other arising issues (if the case) that might have an impact on the agency's compliance with the ESG.

The site visit will close with a final de-briefing meeting outlining the panel's overall impressions but not its judgement on the ESG compliance of the agency.

Prior to the physical site visit, the panel attends a joint briefing call between the panel, ENQA and EQAR to clarify the review expectations and address any possible arising matters.

In advance of the site visit (at least two weeks before the site visit), the panel will organise an obligatory online meeting with the agency. This meeting is held to ensure that the panel reaches a sufficient understanding of:

- The specific national/legal context in which the agency operates;
- The specific quality assurance system to which the agency belongs;
- The key characteristics of the agency's external QA activities.

3.5 Preparation and completion of the final review report

The review report will be drafted in consultation with all review panel members and correspond to the purpose and scope of the review as defined under articles 2 and 2.1. In particular, it will provide a clear rationale for its findings concerning each ESG. When preparing the report, the review panel should bear in mind the *EQAR Policy on the Use and Interpretation of the ESG* to ensure that the report will contain sufficient information for the Register Committee for application to EQAR¹⁴.

The external report will present the facts and analysis reflecting the reality at the time of review. This will form the main basis for the Register Committee's decision making.

A draft will first be submitted to the ENQA Review Coordinator who will check the report for consistency, clarity, and language. After panel has considered coordinator's feedback, the report will go to the agency for comment on factual accuracy. If AHPGS chooses to provide a position statement in reference to the draft report, it will be submitted to the chair of the review panel within two weeks after the receipt of the draft report.

Thereafter, the review panel will take into account the statement by AHPGS and submit the document for scrutiny to ENQA's Agency Review Committee and then to EQAR along with the remaining application documents (self-evaluation report, Declaration of Honour, statement to review report-if applicable). The report is to be finalised normally within 2-4 months of the site visit and will normally not exceed 30 pages in length. All panel will sign off on the final version of the external review report. The coordinator will provide to AHPGS the [Declaration of Honour](#) together with the final report.

4. Publication and use of the report

AHPGS will receive the expert panel's report and publish it on its website once the ENQA Agency Review Committee has validated the report. Prior to the final validation of the report, the ENQA Agency Review Committee may request additional (documentary) evidence or clarification from the review panel, review coordinator or the agency if needed. The review report will be published on ENQA website

¹⁴ See here: <https://www.eqar.eu/assets/uploads/2018/04/UseAndInterpretationOfTheESGv2.0-2015.pdf>

regardless of the review outcome. The report will also be published on the EQAR website together with the decision on registration, regardless of the outcome.

ENQA will retain ownership of the report. The intellectual property of all works created by the review panel in connection with the review contract, including specifically any written reports, will be vested in ENQA. In the case of an unsuccessful application to EQAR, the report may also be used by the ENQA Board to reach a conclusion on whether the agency can be admitted/reconfirmed as a member of ENQA.

5. Decision-making on EQAR registration and ENQA membership

The agency will submit the review report via email to EQAR before expiry of the agency's registration on EQAR. The agency will also include its self-assessment report (in a PDF format), the Declaration of Honour and any other relevant documents to the application to EQAR (i.e. annexes, statement to the review report).

EQAR is expected to consider the review report and the agency's application at its Register Committee meeting in spring 2024. The Register Committee's final judgement on the agency's compliance with the ESG as a whole can either be substantially compliant (approval of the application) or not substantially compliant (rejection of the application). In case of a positive decision (substantially compliant with the ESG), the registration is renewed for a further five years (from the date of the review report).

The decision on ENQA membership by the ENQA Board will take place after EQAR Register Committee decision.

To apply for ENQA membership, the agency is requested to provide a letter addressed to the ENQA Board outlining its motivation for applying for membership and the ways in which the agency expects to contribute to the work and objectives of ENQA during its membership. This letter will be considered by the Board together with the confirmation of EQAR listing when deciding on the agency's membership. Should the agency not be granted the registration in EQAR or the registration is not renewed, the decision on ENQA membership will be taken based on the final review report, the application letter, and the statement from the Agency Review Committee. The decision on membership will be published on ENQA's website.

6. Indicative schedule of the review

Agreement on Terms of Reference	June 2023
Appointment of review panel members	June 2023
Self-assessment report (SAR) completed by AHPGS	End July 2023
Screening of SAR by ENQA Review Coordinator	August 2023

Preparation of site visit schedule and indicative timetable	October 2023
Briefing of review panel members	November/December 2023
Review panel site visit	January 2024
Submission of the draft review report to ENQA Review Coordinator	February 2024
Factual check of the review report by the AHPGS	March 2024
Statement of AHPGS to review panel (if applicable)	March 2024
Submission of review report to ENQA	March/April 2024
Validation of the review report by the Agency Review Committee	April 2024
EQAR Register Committee meeting and decision on the application by AHPGS	Spring 2024
Decision on ENQA membership by the ENQA Board	Summer 2024

ANNEX 3: GLOSSARY

AHPGS	Accreditation Agency in Health and Social Science
AC AHPGS	Accreditation Commission
GAC	German Accreditation Council
EHEA	European Higher Education Area
ENQA	European Association for Quality Assurance
EQAR	European Quality Assurance Register for Higher Education
ESG Area 2015	Standards and Guidelines for Quality Assurance in the European Higher Education Area 2015
GNW	The Union and Network of Experts (Gewerkschaftliches Gutachter/innennetzwerk/)
HE	higher education
HEI	Higher Education Institution
HRK	German Rectors' Conference (Hochschulrektorenkonferenz – HRK)
INQAAHE	International Network for Quality Assurance Agencies in Higher Education
QA	Quality assurance
SAR	Self-assessment report
IQA	Internal Quality Management System of AHPGS
WFME	World Federation of Medical Education

ANNEX 4. DOCUMENTS TO SUPPORT THE REVIEW

DOCUMENTS PROVIDED BY AHPGS

Abstract Thematic Analysis 2023/2024 (ESG 3.4)

AHPGS Self- Assessment Report 2023

Annex 1 Comparison Between the ESG and Specimen Decree

Annex 2 Comparison Between the ESG and AHPGS Criteria for Program Accreditation and Institutional Evaluation Abroad

Annex 3 Overview QA Procedures

Annex 4 QA System AHPGS

Annex 5 Statutes AHPGS e.V.

Annex 6 Statutes AHPGS gGmbH

Annex 7 Organizational Chart of AHPGS Staff

Annex 8 Mediation Concept

Annex 9 Onboarding Documents

Annex 10 Workflow Description Program Accreditation Germany

Annex 11 Contracts for International Program Accreditations

Description of the Requirements to the Experts, Panel Composition, Experts' Roles (Germany + Abroad)

Document to Support Experts in the Assessment

Draft Contract Institutional Evaluation Abroad

Draft Process Description A.4.2

Draft Process Description A.6.6

Draft Process Description B1.1a

Draft Process Description B1.1b

Draft Process Description B1.2

Draft Process Description B1.3

Draft Process Description B1.4a

Draft Process Description B1.4b

Draft Process Description B1.5

Draft Process Description B1.6

Draft Process Description B1.7

Draft Process Map
 Draft AHPGS Strategy until 2027
 Evaluation Sheet Program Accreditation Abroad
 Example of deviation between GAC and AHPGS
 Expectations for the self-selected enhancement area ESG Standard 3.6 Internal quality assurance and professional conduct
 Expert Training Program and Materials
 Glossary Process Descriptions
 Guidelines for Consultants Conducting Phone Call Expert Training
 Guidelines for Consultants Conducting Phone Call Expert Training for Procedures Abroad, Including Country Specific Information
 Information Webinar 2024 (ESG 2.4)
 List of Evaluation Procedures 2022
 Minutes from the Weekly Staff Meeting (German, ESG 3.6)
 New Topics Thematic Analyses (ESG 3.4)
 Number of QA Procedures 2021, 2022, 2023
 Process Description BI.8a
 Process Description and List of Follow-Ups for Procedures Abroad
 Report on Implementation of Internal Quality Management System 2018-2021
 Support of Student Pool and Experts Union and Network of Experts
 System Accreditation Process Germany
 Steps of the Procedure (Website)
 Presentation about Procedure (Website)
 Example of Individual Process
 Template Assessment Report Program Accreditation Germany
 Translation Draft Contract Program Accreditation Germany
 Workflow Description Handling of Rejected Assessment Reports
 Workflow Description International Procedures

OTHER SOURCES USED BY THE REVIEW PANEL
 AHPGS External review report 2018
 AHPGS Follow-up report to ENQA 2022

AHPGS Handbook for Institutional Evaluations https://ahpgs.de/wp-content/uploads/2023/07/Handbook_for_Institutional_Evaluation_July_2023.pdf

AHPGS Handbook for Programme Accreditation https://ahpgs.de/wp-content/uploads/2023/02/Handbook_for_Programme_Accreditation_AHPGS_February_2023.pdf

AHPGS Partial review report 2020

AHPGS Review 2024 Terms of Reference

AHPGS Self- Assessment Report 2018

AHPGS Substantive Change Report 2019 to EQAR and related EQAR response

Blended-Learning- und Fernstudiengänge – Interner Leitfaden AHPGS

ENQA Board's initial decision on AHPGS's review, including comments concerning areas for development 2019

ENQA Board's final decision regarding AHPGS's appeal 2019 and its annexes

ENQA Board's letter regarding AHPGS' 2022 follow-up report 2022

ENQA Agency Review German Accreditation Council (GAC) 2022

ESG European Standards and Guidelines for the external Quality Assurance of Higher Education

EQAR Approval of the Application by the Accreditation Agency in Health and Social Sciences (AHPGS) for Renewal of Inclusion on the Register and its annexes

HRK Binding Guideline for the Appointment of University Teachers

Interstate study accreditation treaty

https://www.akkreditierungsrat.de/sites/default/files/downloads/2021/161208_Studienakkreditierungsstaatsvertrag_mit%20Begrueendung_Englisch.pdf

Selection of evaluation reports by AHPGS available at <https://ahpgs.de/en/completed-procedures/> (machine translated) and <https://ahpgs.de/en/reports> (in English)

Specimen decree pursuant to Article 4, paragraphs 1 – 4 of the interstate study accreditation treaty https://www.akkreditierungsrat.de/sites/default/files/downloads/2021/171207_Musterrechtsverordnung_Englisch.pdf

Template for self-evaluation reports for programme accreditation (in German)

Guidelines for preparation of self-evaluation reports for programme accreditation (in German)

Use and Interpretation of the ESG for the European Register of Quality Assurance Agencies

ENQA TARGETED REVIEW 2024

THIS REPORT presents findings of the ENQA Targeted Review of the Accreditation Agency in Health and Social Sciences (AHPGS), undertaken in 2024.