Accreditation Report
for the Internal Quality Assurance System
(IQAS)

Institution Name: T.E.I. of Central Macedonia
Date: 24/12/2018
Report of the Panel appointed by the HQA to undertake the review of the Internal Quality Assurance System (IQAS) of the T.E.I. of Central Macedonia for the purposes of granting accreditation
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PART A: BACKGROUND AND CONTEXT OF THE REVIEW

I. The Accreditation Panel

The Panel responsible for the Accreditation Review of the Internal Quality Assurance System (IQAS) of the Higher Education Institution named: T.E.I of Central Macedonia comprised the following five (5) members, drawn from the HQA Register, in accordance with the Law 4009/2011:

1. Prof. Nicolas Tsapatsoulis (Chair)
   Cyprus University of Technology, Cyprus

2. Prof. Soteris Kalogirou
   Cyprus University of Technology, Cyprus

3. A/Prof. George Vicatos
   University of Cape Town, South Africa

4. Prof. Stavroula Pantazopoulou
   York University, Toronto, Ontario, Canada

5. Prof. Nikolaos Zahariadis
   Rhodes College, Memphis, USA
II. **Review Procedure and Documentation**

The Accreditation Panel members (AP) attended a meeting in the HQA premises in Athens on Monday 17/12/2018, at which staff of the HQA explained the Accreditation Procedure, and the role and tasks of the AP members. The AP members met privately afterwards to discuss their initial impressions from the documents provided by the Department and to organize their review approach and processes.

The site visit to the T.E.I of Central Macedonia, TEI_CM hereafter, at Serres took place on Tuesday 18/12/2018, from 09:30 to 18:30, and Wednesday 19/12/2018, from 09:00 to 15:15.

At the welcome meeting, the AP met the Rector of TEI_CM, Prof. D. Chasapis, and the Vice Rectors, Prof. K. David, responsible for Research and Lifelong Learning activities, Prof. A. Moisiadis, responsible for Finance and Development, Prof. C. Strouthopoulos, responsible for Administrative Affairs, and Prof. L. Theodoridou, responsible of Academic Affairs and Head of the Quality Assurance Unit (MO.DI.P).

During this meeting the AP members had a broad overview of the history and current situation of TEI_CM and they were informed about the Quality Assurance Procedures of TEI_CM, and laid emphasis on the communicating the mandate of the visit, the objective on identifying in particular the procedures and processes in place that will enable in the future monitoring of implementation of the IQAS.

Prof. Theodoridou indicated that all departments of TEI_CM have fully adopted the Quality Assurance Policy and the majority of them have been applying quality assurance procedures referring to teaching and research for more than a decade.

On the 18/12/2018 the AP had, also, meetings with:

1. **the members of the Quality Assurance Unit (MO.DI.P)** and discussed, extensively, with them the degree of compliance of the Internal Quality Assurance System to the Standards for Quality Accreditation, 
2. **faculty members and Internal Evaluation Groups (IEGs/OMEA)**, to investigate the degree at which the internal evaluation processes were adopted and applied at the departments’ level and among the faculty. A generic discussion also took place about the relationship of OMEAs with the QAU and the means of collaboration, adequacy of resources and possible areas of weakness, 
3. **the chief administration officers and administrative staff**, to determine their attitude towards the IQAS and to discuss with them the impact of official Institutional documents, such as the strategic plan and the Quality Manual, in the development of the Institution. Special issues arising from internal evaluation processes were also examined, 
4. **undergraduate students and representatives of the Student Welfare Committee**, to (a) assess students’ satisfaction from their study experience and campus facilities, (b) identify students participation and engagement in the quality assurance system, and (c) explore and prioritize issues concerning student life and welfare.

On the morning of 19/12/2018 the AP visited teaching rooms and various laboratories in the campus and had the opportunity to hear from faculty members, students and laboratory assistants their views regarding the everyday operation of TEI_CM.

The AP had, subsequently, meetings with:

1. **postgraduate students**, to record their views on the learning process, progression and assessment and to explore their input and overall involvement in the quality assurance
system. Priority issues concerning grants, mobility, research and career opportunities were also discussed.

2. graduates/ alumni, to discuss their experience of studying at the Institution and their career path after their graduation. Ways through which they can contribute feedback to the assessment of the Study Programmes they attended were also discussed,

3. external stakeholders, to discuss the relations of the Institution with external stakeholders from the private and the public sector and to investigate their involvement in the Institution’s strategic planning and quality assurance system.

A final meeting with the Quality Assurance Unit took place on 19/12/2018, 13:00 - 15:00. During this meeting the AP discussed with the QAU points, which needed further clarification and informed them, orally, about the key findings from their previous meetings and their study of the documents they were provided for the accreditation.

Overall, the onsite visit was very informative for the AP to form a broad view regarding the IQAS of TEL_CM. The AP formulated a very good impression from the community of TEL_CM and the external stakeholders. All of them were kind and expressed honest willingness to provide any information the AP requested. The AP was very positively surprised by the maturity of the undergraduate students and variety of activities and initiatives of the external stakeholders.

The visit schedule, however, was tight and the AP in most cases skipped the coffee breaks and limited the duration of lunches so as to keep up with it. Still, some late meetings had to be delayed and the AP would like to officially apologize to the corresponding parties.
III. Institution Profile

The Technological Educational Institute of Central Macedonia at Serres (TEI of Central Macedonia) is a new, dynamic and rapidly developing Institute consisting of two Faculties, eight Departments and more than 14000 students, although the AP found that the active students are about 6500.

The TEI of Central Macedonia meets modern requirements for the provision of high quality educational standards and the encouragement of applied and technological research. It promotes the employment of scientifically qualified Professors, the cooperation with educational and research Institutes of Greece and abroad, the connection between education and production and the job market, the further education of its graduates and the creation of post-graduate studies departments in conjunction with Universities.

The Institute was established in 1979, initially as KATEE, and in 1983 was converted into the TEI of Serres. In 2013 the Institute was renamed as the TEI of Central Macedonia. It is located in Serres and has a campus of 200 hectares. The Institute has also two smaller campuses, one in Katerini and one in Kilkis. It consists on two Schools (the School of Technological Applications and the School of Administration and Finance). It has in total eight departments, six in Serres and one each in Katerini and Kilkis. It also runs 10 post-graduate programs, nine in Serres and one in Katerini.

The staff consists of 85 permanent academic members, 10 ETIP and 18 ETEP. It also has a total of 61 administrative staff members; they also employ a complement of 65 Adjunct professors and Postdoctoral fellows as Instructors to fulfill the teaching needs of the academic programs.

Since its inception in 1983 as TEI of Serres, the Institute managed to apply a continuously adapted strategic planning, which has as a result today, to complete a total of 35 years of dynamic life of progress, which allowed it to become an established academic institute in the minds of both the prospective students and Hellenic society in general. In this way the Institute managed to be established as a popular higher technological education institute of the country. It is also evident that the Institute supports the industry of the greater Serres area from which TEI obtains feedback on the planning of its educational programs.

At this moment the TEI of Central Macedonia is at the final phase of merging with the TEI of East Macedonia and Thrace, the TEI of Thessaloniki and the International University of Greece to a new large university. Merging is to be concluded within 2019 and this is expected to lead to substantial improvement of the Study Programmes while the new university will be able to carry out doctoral studies as from the next academic year. This development will create both new possibilities in research and as well as better utilization of the existing academic and research infrastructures. Unification will also affect the administrative organizational chart. The individual administrative units will be centrally coordinated leading to improved effectiveness and optimal use of administrative resources. This is expected to have a positive effect to the new university.
PART B: COMPLIANCE WITH THE PRINCIPLES

Principle 1: Institution Policy for Quality Assurance

INSTITUTIONS SHOULD APPLY A QUALITY ASSURANCE POLICY AS PART OF THEIR STRATEGIC MANAGEMENT. THIS POLICY SHOULD BE DEVELOPED AND ADJUSTED ACCORDING TO THE INSTITUTIONS’ AREAS OF ACTIVITY. IT SHOULD ALSO BE MADE PUBLIC AND IMPLEMENTED BY ALL PARTIES INVOLVED.

The quality assurance policy is the guiding document which sets the operating principles of the Internal Quality Assurance System (IQAS), the principles for the continuous improvement of the institution, as well as the institution’s obligation for public accountability. It supports the development of quality culture, according to which, all internal stakeholders assume responsibility for quality and engage in quality assurance. This policy has a formal status and is publicly available.

The policy for quality is implemented through:

- the commitment for compliance with the laws and regulations that govern the institution;
- the establishment, review, redesign and redefinition of quality assurance objectives, that are fully in line with the institutional strategy.

This policy mainly supports:

- the organisation of the internal quality assurance system;
- the institution’s leadership, departments and other organisational units, individual staff members and students to take on their responsibilities in quality assurance;
- the integrity of academic principles and ethics, guarding against discriminations, and encouragement of external stakeholders to be involved in quality assurance;
- the continuous improvement of learning and teaching, research and innovation;
- the quality assurance of the programmes and their alignment with the relevant HQA Standards;
- the effective organisation of services and the development and maintenance of infrastructure;
- the allocation and effective management of the necessary resources for the operation of the Institution;
- the development and rational allocation of human resources.

The way in which this policy is designed, approved, implemented, monitored and revised constitutes one of the processes of the internal quality assurance system.

Institution compliance

The TEI of Central Macedonia established a Quality Assurance Policy (QAP) which is outlined in the Quality Assurance Policy Document and detailed in the Quality Manual. The way in which this policy is designed, approved, implemented, monitored and revised constitutes one of the processes of the Internal Quality Assurance System (IQAS) and is the Process #1 in the Quality Manual. The IQAS is organized in a way that personal data are protected minimizing any risk of bias, intervention, and discrimination.

Both the Quality Assurance Policy Document and the Quality Manual are appropriate for the TEI_CM but do not specialize considering its individual characteristics. In simple words, they are pretty generic - although they are appropriate for TEI_CM they could also refer to any other higher education institution in Greece.
The Quality Assurance Unit (QAU) of TEI_CM is the central unit that is responsible for the design, application and update of the quality assurance and evaluation processes. The Internal Evaluation Committees (OMEAs) are responsible, in collaboration with QAU, for overseeing the quality assurance processes at the department level and for evaluating their effectiveness. The QAU tries to communicate the Quality Assurance Policy of the Institution to all relevant stakeholders. There is up-to-date information on the QAU website (http://modip.teicm.gr/) in Greek but this is not the case for English (http://www.teicm.gr/index.php?cat_id=54).

The main objectives of Institution’s QAP are listed in the Quality Manual (page 13, Process #1, paragraph 1.1). Among them are included:

1. the establishment of a quality culture among the faculty, students and administrative staff;
2. the improvement of TEI_CM’s competitiveness compared to similar institutions in Greece and abroad;
3. the increase of Institution’s research volume and quality
4. the quality assurance of the Study Programmes and their alignment with the relevant HQA standards

On the contrary no objectives related to (a) the integrity of academic principles and ethics, (b) guarding against discriminations, and (c) the encouragement of external stakeholders to be involved in the IQAS, are set out.

The QAP is assessed based on the following KPIs:

1. Number of Institution’s academic and admin units that actively participate in the implementation of IQAS
2. Number of improvements related to Institution’s operation that were achieved through the implementation of QAP
3. Number of accredited Study Programmes
4. Change in Institution’s rankings at international ranking lists.

It is unclear, however, what is the process by which the KPIs and objectives related to QAP are reviewed and revised.

The QAP includes commitment to continuous improvement of students’ learning experience, teaching methods, research and innovation. It also includes a commitment to satisfy applicable requirements of IQAS. The Institution made available all necessary information that supports the IQAS operation. This information is clearly listed in the Quality Manual, explicitly for each one of the high level processes.

In practical means the Quality Assurance Policy of TEI_CM has two effective components referring to the evaluation of quality of:

1. individual courses (modules) by the students and the self assessment reports of the faculty w.r.t. the courses they teach, and
2. research through the annual reports of the faculty.

The courses are evaluated by students every academic semester through questionnaires. A couple of departments introduced electronic questionnaires, which also allow students to enter free-text comments of qualitative nature, but this is not yet the general case.

The AP feels that Institution’s Quality Assurance Policy was sufficiently communicated to the faculty but this is not the case for the a) students, b) external stakeholders and graduates, and c) administrative staff.
During the meeting of the AP with the deans, department chairs and OMEAs, it became evident that the faculty members consider that no implications of not conforming to the quality requirements were defined in the QAP. This, in turn, affects their active engagement to the quality processes which is, currently, quite passive.

**Panel judgement**

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**Panel Recommendations**

1. The Quality Assurance Policy of TEI_CM should be more effectively communicated to all relevant stakeholders (faculty, students, admin staff, graduates, strategic partners, etc).
2. The Quality Assurance Unit should establish formal procedures through which all relevant stakeholders could be actively engaged in the design and application of Institution’s Quality Assurance Policy.
3. All goals of the Quality Assurance Policy should be clearly associated with KPIs.
4. The majority of current KPIs that are associated with the Quality Assurance Policy are too generic and need to be revised and adapted to Institution’s own strategic goals.
5. No clear process referring to the revision of KPIs and objectives of QAP is defined.
6. The Quality Assurance Unit should consider including the goal of evaluating individual courses exclusively through electronic questionnaires.
7. Goals related to the evaluation of the Study Programmes (curricula) as a whole, along with relevant KPIs, should be included in the Quality Assurance Policy and the Quality Manual.
Principle 2: Provision and Management of the Necessary Resources

INSTITUTIONS SHOULD ENSURE APPROPRIATE FUNDING FOR LEARNING AND TEACHING ACTIVITIES, RESEARCH, AND ACADEMIC ACTIVITIES IN GENERAL. RELEVANT REGULATIONS SHOULD BE IN PLACE TO ASSURE THAT ADEQUATE INFRASTRUCTURE AND SERVICES FOR TEACHING AND RESEARCH ARE AVAILABLE AND READILY ACCESSIBLE (E.G. CLASSROOMS, LABORATORIES, LIBRARIES, IT INFRASTRUCTURE, PROVISION OF FREE MEALS, DORMITORIES, CAREER GUIDANCE AND SOCIAL WELFARE SERVICES, ETC.).

Funding
The Institution ensures adequate funding to cover not only the overhead and operational costs (regular budget and public investment budget) but also costs related to research, innovation and development (Special Account for Research Funds, Property Development and Management Company). The financial planning and the operation of an effective financial management system constitute necessary tools for the full exploitation of the resources.

Infrastructure
Based on the requirements and needs arising during its operation, the Institution has determined ways to define, allocate and maintain all the necessary resources to ensure its smooth and proper functioning, i.e. teaching, research and auxiliary facilities, equipment and software, support facilities (cleaning, transportation, communication) etc. The scope of the IQAS should include a suitable managing and monitoring system to safeguard the infrastructure. Compliance to the internal regulations is also necessary.

Working environment
The Institution ensures -as far as possible- that the working environment has a positive effect on the performance of all members of the academic community (students and staff). Factors that are taken into consideration towards the creation of such a favorable environment are, among others, the sanitary facilities, the lighting/heating/ventilation system, the cleanliness and the overall appearance of the premises, etc. The scope of the IQAS should include an appropriate managing and monitoring system to promote a favorable working environment and to ensure compliance with the existing provisions.

Human resources
The Institution and the academic units are responsible for the human resources development. The subject areas, as well as the competences and tasks of the staff members are defined by the corresponding job descriptions that are established within the operation scope of each academic or administrative unit. These posts are filled following the requirements set by the law, on the basis of transparent, fair and published processes. The continuous training and evaluation of the staff is considered necessary for the enhancement of the performance, which is recorded and monitored as provided in the context of the IQAS.

The Institution should acknowledge and provide the necessary resources for the implementation of the IQAS, its enhancement and the provision of services that assist the satisfaction of the quality assurance requirements. Moreover, the Institution (Quality Assurance Unit-QAU) should properly organise the administrative structure and staffing of the IQAS, with a clear allocation of competences and tasks to its staff members.
Institution compliance

The Institution has established policies for management of the funds at its disposal. Sources of funding available are:

1. The annual operational budget provided by the State, which amounts to € 1.4 mi Euros for general expenses (of those, most are vested in inflexible operational costs such as maintenance, heating and electricity), € 1.2 mi Euros for student meals and € 0.7 mi for student residences; of the total operational budget only the amount of € 0.4 mi is available for equipment renewal and other operational expenses, including support of the faculty participation in conferences, scholarships etc.

2. The annual public investment fund which amounts to € 1.0 mi, is available for the purchase of larger scale equipment that is necessary for the upgrading of the facilities;

3. The institution has access to additional development funds managed by the prefecture of Central Macedonia which solicits proposals for development actions every four years by all the stakeholders of the prefecture. These funds, which are in the order of € 1.0 mi every four years support endeavors of greater scope such as for example upgrading of the energy and power facilities of the institution. The approach followed is a bottom-up approach: any faculty member may submit a proposal to a solicitation issued and managed by the Institution; proposals are prioritized by the Faculties and approved by the Senate, and the decision for funding is made by the Prefecture. Policies for requests in this category are clear and regulated by the Senate.

Management of funds mentioned above is governed and controlled by State Bylaws. An automated electronic system of payments is now available, where the requests may be monitored in real time. There is a stated plan to enhance the electronic system of payments and procurement to encompass the governance of the institution. However the relevant policy for the electronic payments is not documented in a web-accessible policy.

The Institution’s Office of Research Administration (ORA or ELKE) has a policy for charging overhead up to 25% of the budget on research projects that the faculty secure from National and European Sources. That amount is accumulated in the Institutions’ reserve fund. A discretionary amount of 10% of the reserve fund is used to support several essential functions of the Institution, the most notable being the hiring of seasonal teaching staff and the provision of scholarships to Postdoctoral Fellows for teaching (a stage-type activity for the acquisition of teaching experience). A senate-approved policy is in effect for management of this operational fund. The remainder of the reserve fund is used for funding of research activities such as dissemination of research results in journal publications and scholarships. Policies for these activities are Senate and ELKE approved, and are said to be accessible and known to all the faculty members. However these policies are not stated in the Guide for Research Funding of the ELKE. Here there is a need for further documentation and dissemination of this policy for transparency as well as for future cross-referencing of publication expenses.

The funding management system is outlined in the Quality Manual, pages 20-28. The description of the relevant policies, however, is generic in content and context, comprising established principles of the legal framework for Higher Education and could therefore be said to be applicable for any higher Institution in Greece. In fact this may be considered as necessary on account of the fact that financial management of resources is governed by state bylaws and is subject to external audits. As a next step this should be expressed in specific measures and procedures that address the local policies - such as for example, the use of the discretionary funding in support of research, the operation of research...
buffers for bridge of funding of researchers between grants and other such good practices that are currently either functioning on an ad-hoc basis or are not documented in the ELKE operations guide.

The institution owns its campus and facilities and has ample spaces to expand into. The Institution also has and maintains well-organized experimental facilities for several of its academic programs. These facilities are essential for teaching needs as the programs contain a strong experiential learning component. However, there are functional conundrums that occasionally go against the established good practices for teaching, for safety and against the codes of practice. Classrooms are not assigned on the basis of enrollment but rather on an ad-hoc basis; there is no evidence that there exists an electronically resourced system that may depict classroom availability throughout the campus in real time. Another cause for the ad-hoc assignment of classroom spaces is that the informational systems do not give a clear picture at any time of the number of students enrolled in a course, a problem that is compounded by the unlimited carry-over of students “owing” the course from past terms. The result is that the required classroom size is assessed on the basis of a guesstimated number of expected attendance in the course and not the actual enrollment, banking on the anticipated reduction of numbers of students by attrition as the term proceeds. This is a problematic practice on its own but it also reflects the ad-hoc expectation that “theory” hours are not as attended as labs. In a future accreditation of the program, this could be also a legitimate cause for discounting some of the courses’ ECTS credits; in it, the root is the dire need for improved teaching methods that will increase the value of course attendance. Mirroring this reduced value placed on contact time is the student body’s attitude: Because many reside outside of Serres the planned contact hours are concentrated rather than being spread over more weekdays; this leads on occasion to 11 hour teaching days which are anti-pedagogical and contribute to thinning out of lectures in the early morning or late evening hours. Clearly, quality of the program is intricately linked to engagement and contact within a time frame that enables maximum absorption of knowledge. Alternative methods (such as the flipped classroom approach) might be considered as a matter of teaching policies for quality improvement of the learning experience.

Here, however, for the issue at hand, the need to assign classrooms with explicit consideration of enrollment should be addressed for reasons of health and safety. If a second room is assigned concurrently with the regular lecture hall, in order to seat the superfluous students, this may be achieved using real-time online streaming in adjacent halls. For now, there is a significant issue of health and safety associated with the cramming of courses in rooms that have a significantly smaller capacity than the nominal enrollment.

In the context of IQAS, an electronic reporting system of malfunctioning equipment, lighting, or any other infrastructure problems has been developed. The system allows real-time monitoring of the progress regarding the submitted request by the person submitting it. This is an excellent practice which should ideally be expanded in the future to also include such reporting from the laboratory facilities which is currently dealt with using paper-request forms. It would enable a simultaneous overall view of the state of the facilities throughout the campus and the demands on emergency funds.

Institution’s spaces are clean and well groomed which shows that good emphasis is given to the quality of the working environment on campus. There is a stench of diesel, obviously used for heating, that pervades all spaces in the teaching buildings. The QAU should explore ways to improve the ventilation or isolate the burners so that this disturbing smell be eliminated or substantially reduced.
Sanitary facilities in all the buildings visited were found clean when visited in the morning. It is noted that according to the students as the day proceeds the sanitary facilities become increasingly problematic and therefore ways should be found to revisit this for maintenance.

A significant concern expressed by some students is the lack of a dedicated housing system / University residence. A relevant objective in QAP could place this in the agenda of the Institution and push the search for permanent solutions.

Safety of students during lab operation is done on an ad-hoc basis. The laboratories’ safety regulations and the associated safety provisions are given to the students at the beginning of every semester course and they are also attached in the doors and bulletin boards of each lab. However, there is no evidence that safety precautions (i.e., lab boots, a hard hat, goggles, masks, gloves) are enforced and related consumables are provided or required. The institutional training machine - shop facilities would have difficulty passing the established safety requirements and their enforcement if put through a test. Thus, student safety is again an ad-hoc concept that is secured by collective good will and luck. The QAU should establish procedures in that front and should nurture the gradual establishment of a culture for safety of operation in labs, through training of students and seasonal instructors. There are several tests for health and safety that may be attended and passed electronically without the need of investment in additional human resources and that would lead to a certificate of operation of the user and to a culture for adhering to rules for safety among the students. In the same context, a process of monitoring and inspection of the medical first aid cabinets and accessibility thereof in the laboratories as well as in the athletic and teaching facilities should be defined in the IQAS and established by the QAU. It appears that a medical emergency from the previous year has illustrated a need for first aid access and training as well as emergency access to medical staff.

The Institution appears to be understaffed in terms of administrative staff in many of its areas of operation. This influences the breadth of scope of the actions that may be undertaken. Several issues could be resolved to a great extent when electronic governance is fully implemented. However, there are stark examples where the investment of human resources is urgently needed:

(a) Access to the reading room/study hall of the library in the afternoon and evening hours. There could be ways to address this need of the students, either through contractual appointments of invigilating students beyond the working hours of the librarians, or alternatively, through an MoU with the public library to keep their study halls open late for a few days per week or during the exams period.

(b) The QAU have made significant progress towards IQAS planning and implementation because it was fortunate to secure an administrative staff specializing on Informatics. However, although this contribution is essential for data collection and coordination of all processes and procedures of the IQAS, there is a dire need for an additional staff member to conduct data analysis and produce the necessary reports or at least the final drafts thereof.

(c) According to the students, the athletic facilities do not have the necessary training personnel for more than three hours daily. The QAU should consider, for safety as well as for the well-being of students, to establish policies and procedures needed to extend the hours of supervised operations of the facility by securing the necessary human resources.

(d) Training of the staff so far is organized by IN.EI; an entity that is state-operated and independent of the Institution. Currently, the training received is not motivated by the priorities and needs of IQAS and may not include seminars and training in the areas of interest, and may not meet the needs of all the staffing categories (e.g. laboratory admin
staff). This is a field where a-synchronous tele-education might find an application to facilitate the needs for the kind of multi-faceted training that the employees need to respond to the IQAS requirements. There is a need for an action plan, however, to ensure state of the art methods of operation by the staff and to, also, communicate to the staff of all the units the quality targets in order to meet the QAU’s mandate.

Panel judgement

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Panel Recommendations

1. All ad-hoc actions need to be documented as processes / procedures and to be communicated to all parties (faculty, admin staff, students, graduate students, alumni and external stakeholders). The quality processes should be adapted to the specific needs and characteristics of the institution rather than being generic.

2. There is a need to introduce good practices and code compliant procedures towards securing the safety of operations and the maintenance, renewal and function of the Infrastructure. Particular emphasis should be given on rules of health and safety against accidents in the machine shops and Labs.

3. The QAU should plan to extend the good practice of electronic reporting of problems / damages and needs to the function of the laboratories and laboratory equipment.

4. Training of the admin personnel of individual units to be able to support the specific needs of IQAS implementation should be provisioned. A data analyst is an essential complement of the QAU staff in order for the collected data to be processed, analysed and reported, and sound feedback to be made available to QAU.

5. Several units are understaffed thereby impairing the smooth implementation of quality objectives. The QAU should address this issue in their action plans.
Principle 3: Establishing Goals for Quality Assurance


The Institution’s strategy on quality assurance should be translated into time-specific, qualitative and quantitative goals which are regularly monitored, measured and reviewed in the context of the IQAS operation, and following an appropriate procedure.

Examples of quality goals:

- rise of the average annual graduation rate of the Institution’s Undergraduate Programmes to x%;
- upgrade of the learning environment through the introduction of digital applications on ........;
- improvement of the ratio of scientific publications to teaching staff members to ..........;
- rise of the total research funding to y%

The goals are accompanied by a specific action plan for their achievement, and entail the participation of all stakeholders.

Institution compliance

The IQAS includes a Strategic Plan on Quality Assurance as part of an effort that began by QAU in May 2018. This plan includes specific goals for the study programmes offered by TEI_CM, the teaching methods that are used, the research and innovation at the Institution, and the administration. All goals are accompanied by specific action plans for their achievement and entail the participation of Institution’s key stakeholders, i.e., the faculty and students. It appears that the defined goals are strictly in line with the ADIP template, seem quite generic and are not adapted to the peculiarities of TEI_CM. However, according to the QAU chair, the goals will be revised next summer, well ahead of the next external review time, to investigate any discrepancies and find areas of improvement. The goal review procedure involves mainly the academic and administrative units. The latter, although they showed their goodwill to be part of this review process, have only carried out, so far, a preliminary work related to the quality assurance processes. The AP feels that the personnel in the administrative units is somehow reserved in view of the developments and merging of TEI_CM with other institutions to form a new university.

The quality goals mentioned previously, are in line with the Institutional strategy as they were approved by the Senate after the suggestion of the QAU. The chair of QAU, who is also the Vice-Rector of Academic Affairs, is a member of the Senate, so there is a direct link between the work done the QAU and the strategic goals of the university at a high level. In particular, 32 quality goals were defined and associated with the nine strategic goals of the Institution as detailed in “Annex V: Stoxothesia TEI_CM”. For each one of the quality goals at least one KPI was defined. The AP found that both the quality goals and the associated KPIs are in some cases loosely correlated to the corresponding strategic goals. This is evident in the case of Strategic Goal #1 which refers to the quality of training in the Institution. The associated quality goals and the related KPIs are high-level ones and mainly of administrative nature. No quality goals related to: (a) modern teaching methods,
(b) student-centred learning, and (c) evaluation of each curriculum as a whole, were defined. Overall, the majority of quality goals and KPIs were retrieved from the ones listed in HQAs (ADIPs) template without an effort to set out quality goals and indicators adapted to Institution current status and future vision. Although, benchmarking, with similar institutions across the country, is facilitated when adopting the generic quality goals and KPIs suggested by HQA, ownership of the IQAS by key players in the Institution, such as the faculty and the students, is lost.

There is a specific provision in the Quality Manual referring to the establishment and implementation of quality goals (Quality Process #3, pages 29-39). Explicit procedures referring to the setup of quality goals related to the: (a) learning process and learning outcomes, (b) research activities and innovation, (c) infrastructure and management systems, and (d) human development, are detailed therein. However, the ways the quality goals are assessed, reviewed and revised are not defined.

**Panel judgement**

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<tr>
<th>Principle 3: Establishing Goals for Quality Assurance</th>
<th>3.1 Study Programmes/ education activities</th>
<th>3.2 Research &amp; Innovation</th>
<th>3.3 Administration (funding, human resources, infrastructure management)</th>
<th>3.4 Resources (funding, human resources, infrastructure)</th>
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Panel Recommendations

1. There is a very well defined process regarding the setup of quality goals and the associated KPIs of the Institution. This process involves, in addition to the QAU, key decision-making bodies of the Institution such as the Senate. The members of the AP were impressed by the fact that this work is performed at such a detailed and organized level in a period of a few months. However, the AP found that the quality goals and the associated KPIs, per se, as set out in “Annex V: Stochothesia TEI_CM”, were strictly selected from the pool of quality goals and KPIs suggested by HQA (ADIP). The AP recommends that the quality goals be set out following the procedures described in the Quality Manual, Process #3, so as to better reflect the peculiarities, strengths and weaknesses of TEI_CM.

2. The AP considers that in the quality assurance procedures (and systems) referring to problem reporting, the methods, time margins to address / solve these problems and follow up actions, should be clearly indicated. A typical example on this would be the student questionnaires and staff satisfaction surveys where feedback to the related stakeholders about any reported issue could give them the satisfaction that their suggestion was seriously considered and thus motivate them to continue giving their feedback in the future.

3. In the Quality Manual, Process #3, please add a procedure describing the ways in which the quality goals are reviewed and revised.
Principle 4: Structure, Organisation and Operation of the IQAS

INSTITUTIONS SET UP AND ESTABLISH AN INTERNAL QUALITY ASSURANCE SYSTEM, WHICH INCLUDES PROCESSES AND PROCEDURES COVERING ALL AREAS OF ACADEMIC ACTIVITIES AND FUNCTIONS. SPECIAL FOCUS IS GIVEN ON THE QUALITY OF TEACHING AND LEARNING, INCLUDING THE LEARNING ENVIRONMENT, RESEARCH, INNOVATION AND GOVERNANCE.

The key goal of the internal quality assurance system (IQAS) is the development, effective operation and continuous improvement of the whole range of the Institution’s activities, and particularly, of teaching, research, innovation, governance and relevant services, according to the international practices - especially those of the European Higher Education Area - and the HQA principles and guidelines described in these Standards.

Structure and organisation

In each Institution, the Quality Assurance Unit (QAU) holds the responsibility for the administration and management of the IQAS. The QAU is set up according to the existing legislative framework and is responsible for:

- the development of specialised policy, strategy and relevant processes towards the continuous improvement of the quality of the Institution’s work and provisions;
- the organisation, operation and continuous improvement of the Institution’s internal quality assurance system;
- the coordination and support of the evaluation process of the Institution’s academic units and other services, and;
- the support of the external evaluation and accreditation process of the Institution’s programmes and internal quality assurance system in the context of the HQA principles and guidelines.

The Institution’s IQAS and its implementation processes are determined by the decisions of the competent bodies, as provided by the law, and are published in the Government Gazette, as well as on the Institution’s website. The above are reviewed every six years, at the latest.

To achieve the above goals, the QAU collaborates with HQA, develops and maintains a management information system to store the evaluation data, which are periodically submitted to HQA, according to the latter’s instructions. The QAU is responsible for the systematic monitoring of the evaluation process and for the publication of evaluation-related procedures and their results on the Institution’s website.

The QAU structure has been approved by the Institution’s competent bodies, as provided by the law, while all competences and tasks accruing from this structure are clearly defined.

Operation

The Institution takes action for the design, establishment, implementation, audit and maintenance of the Internal Quality Assurance System (IQAS), taking into account the Standards’ requirements, while making any necessary amendments to ensure fitness to achieve its aims.

The above actions include:

- provision of all necessary processes and procedures for the successful operation of the IQAS, as well as implementation of the above processes and procedures on all of the Institution’s parties involved; the Institution’s areas of activity can constitute the IQAS processes, e.g. teaching, research and innovation, governance, services etc. An IQAS process is an area of activity including data input, data processing and outputs. A procedure defines the way an action is implemented and includes a course of stages or steps, e.g. the curriculum design procedure;
- determination of how the IQAS procedures/processes are audited, measured and assessed, and how they interact;
- provision of all necessary resources to enable the IQAS function.
Documentation

The IQAS documentation includes, among other things, a series of key documents demonstrating its structure and organisation, such as the Quality Manual, which describes how the Standards’ requirements are met.

The Annexes of the Quality Manual include:

- the Quality Policy and the Quality Assurance Objectives;
- the necessary written Procedures, along with the entailed forms;
- the necessary Guides, External Documents (e.g. pertinent legislation), as well as any other supporting data;
- the standing organisational structure of the QAU, with a detailed description of the competences, the required qualifications and the goals for each post. The organisational chart is structured in a manner that ensures that the IQAS organisational requirements are fully and properly met.

Institution compliance

The main principles, processes and structures of the Institution’s IQAS are detailed in the Quality Manual. This manual is organized across eight high-level processes which are further analysed into sub-processes (procedures). For each process are defined: 1) its goals, 2) input data / information, 3) output data / information / actions, 4) related administration process and required resources, 5) performance indicators, 6) control and update procedures, 7) improvement actions, 8) consisting sub-processes.

The Quality Manual is clear, well written and up to date. It includes justified methods to achieve the quality objectives set out in the Quality Policy. It is important to note that the first high-level process described in the Quality Manual refers to the “definition, establishment and improvement of the Institution’s Quality Assurance Policy”.

For a few of the processes and/or relevant sub-processes (for instance the Process #4) entailed forms and related templates were designed for input data and reporting. The AP feels that entailed electronic forms and templates should be designed for each one of the processes.

A weak point regarding the processes defined in the Quality Manual is that there is, currently, no evidence that they operate as designed. This is because no extended self-assessments were taken place so far, except those referring to individual courses and the research achievements of each one of the faculty members. The AP recommends QAU to undertake assessments referring to the applicability of each one of the processes and sub-processes, the soonest possible, so as to identify possible malfunctions and points that require improvement. Documentation of the outcome of these assessments should be kept in the QAU’s archive.

The AP was provided with the legislative framework governing the QAU (MO.DI.P) as well as with its organisational chart referring to the provisioned administrative staff of QAU. The AP feels that the structure of QAU is appropriate and sound and encourages the Institution to increase their efforts to staff the vacant positions of the administrative personnel of QAU as soon as possible.

There are no objective criteria through which the resources for the IQAS operation are determined. However, the description of posts in the QAU’s organisational chart is detailed and well justified. The same also applies for the general structure of QAU which is chaired by the Vice-Rector of Academic Affairs and includes also five faculty members of different departments, representatives of
undergraduate and postgraduate students, one representative of the admin staff and the permanent admin personnel mentioned previously.

Currently, the QAU consists of the chair and the five faculty members and it is staffed with a person with an Informatics degree (permanent post). The AP feels that QAU is understaffed, in terms of permanent personnel, and it recommends the recruitment of a data analyst who can help also on report drafting and data presentation. It is also important the student representatives be identified and actively participate in the QAU meetings the soonest possible since the student body is a key component of the Quality Assurance Policy of every academic institution.

Panel judgement

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Panel Recommendations

1. The vacant positions of the permanent administrative personnel of the QAU should be staffed as soon as possible.
2. The student bodies should be motivated to define their representatives in QAU.
3. Entailed electronic forms and templates should be designed for each one of the processes defined in the Quality Manual.
4. Assessment referring to the applicability of each one of the processes and sub-processes described in the Quality Manual should be carried out as soon as possible. The findings of these assessments should be clearly documented and a follow up plan for possible amendments should be drafted.
Principle 5: Self-Assessment


The QAU conducts, on an annual basis, a self-assessment of the IQAS, following the written procedure provided for each area of activity, which is implemented by a certain academic or administrative unit, as appropriate. The procedure determines the timing, the participants, the data under consideration, and the expected outcomes. The self-assessment aims at a final estimation of the suitability of the IQAS in force, as well as at basing decisions concerning the necessary remedial or precautionary actions for improvement.

The data considered in the context of the self-assessment of a programme may, for example, include:

- students performance;
- feedback from students / teaching staff;
- assessment of learning outcomes;
- graduation rates;
- feedback from the evaluation of the facilities / learning environment;
- report of any remedial or precautionary actions undertaken;
- suggestions for improvement.

The outcomes of the self-assessment are recorded in internal reports drawn up by the QAU. The reports identify any areas of deviation or non-compliance with the Standards, and are communicated to the interested parties (if appropriate). The Institution’s resolutions concerning any modification, compliance, or enhancement of the IQAS operation might include actions related to:

- the upgrade of the IQAS and the pertinent processes;
- the upgrade of the services offered to the students;
- the reallocation of resources;
- the introduction of new quality goals, etc.

The outcomes of the self-assessment are recorded and, along with the source data, are archived as quality files.

A special procedure is followed for the compliance check of newly launched programmes (of all three cycles), or programmes that are to be reviewed shortly, prior to the institutional approval of the programme.

Institution compliance

In principle, the institute is in full compliance with the directives of HQA and their procedures are based on the principles set up by HQA. The members of QAU have done a great job, in short time, to prepare all required documentation and define the procedures to perform the annual quality assessments, although the AP feels that these were not particularly adapted to the specific needs of the Institution.
According to the IQAS of TEI_CM academic and administrative units are annually reviewed. Although the Institution is in the process a generic restructuring, i.e., to be merged with two other TEIs and a university and form a new university, this is viewed as an obligation to their students and graduates. The results of the next evaluations and the effectiveness of IQAS will be reviewed next summer in order to identify the current status and reveal any problems. However, the scheduled evaluations apply mainly to the academic departments. The administrative units are not prepared yet to fully participate in IQAS but they have provided their organizational charts and data related to their everyday activities, i.e., cases handled in each area of duty. Given that the restructuring, mentioned previously, will radically affect the administrative units of TEI_CM, the AP understands the difficulty to convince their personnel to fully participate in the evaluations as provisioned in IQAS.

The self-assessment procedures of the IQAS are clearly described in the Quality Manual as a high-level quality process (Process #4). For the academic units, the self-assessment procedure is rigorously described in the manual stating clearly the steps to be followed, input and output data, the key personnel, etc. For the administrative units, there is no such a rigorous description. As a result, the personnel in these units so far was involved in IQAS by reporting their activities in an individual basis using simple quantitative indices.

Regarding the input data referring to the evaluation of academic units, the AP found that although an electronic system is in place for the student questionnaires this was only used, so far, by the two departments outside of the main campus at Serres. The fact the electronic submission of student questionnaires has not been widely applied yet is verified, also, from the fact that the corresponding links in the Institution’s webpage are still deactivated.

The AP could not verify that the overall outcomes of self-assessments of academic and administrative units are properly recorded because no such evaluations were taken place so far. On the other hand, the data collected for the self-assessment of academic units are properly recorded through a software developed in-house particularly for this purpose by members of the academic staff. An ongoing process is in place to transfer all handwritten student questionnaires from the previous years into a database system to allow easy analysis and generation of informative reports so as to be used for the self-assessment of the corresponding academic units. Overall, the electronic submission and recording systems of input data are not yet fully operational.

The reports of previous annual self-assessments for both the Institution and the various academic departmental are publicly available through the QAU’s website. All self-assessment reports refer to periods before the revival of the QAU, on May 2018, and include data that were collected during the referenced periods but, in most cases, only recently analyzed. Some deviations across departments are noticeable, and overall, there is an impression that before the re-establishment of the QAU no formal processes for data collection, analysis and reporting had been followed. It is also unclear whether well-documented action plans were developed and applied as a follow up to the self-assessment outcomes. The AP raises the importance to give feedback to the parties involved in the self-assessments, e.g. the students and faculty, so as to show them that their comments, observations and suggestions are seriously considered. This would further motivate them to continue giving input in the coming years.

The AP did not identify a clear provision in the IQAS on how the self-assessment outcomes are used to develop documented action plans and the way these plans are communicated to the cooperating civil collaborators. The fact that both the external evaluation and self-assessment reports are, ideally, fully visible on the Institution’s website indicates that there is indirect pressure to carry out changes
for self-improvement, despite the absence of organized follow up plans but the AP suggest that an additional procedure should be defined in the Quality Manual to describe the way the self-assessment results lead to follow up action plans and to ensure that the developed action plans will be adopted and applied.

Panel judgement

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Panel Recommendations

1. The IQAS includes provision that self-assessments of the academic and administrative units are carried out on an annual basis. Relevant data, such as student questionnaires for the evaluation of individual courses are collected every six months. In both cases, there is place for improvement concerning these procedures. Prompt analysis of the available data, development of remedy actions and feedback to the relevant parties should be ensured in the IQAS and applied in practice.

2. The outcomes of previous external evaluations and self-assessments are recorded in internal reports drawn up by the QAU and are publicly available through the QAU website. While these reports identify areas of deviation or non-compliance with the IQAS’s procedures, no clear methodology has been set out to address the drawbacks / problems reported. Similarly, no feedback to the concerned stakeholders is given although this is clearly included in the Quality Manual processes.

3. In most cases the data recorded during self-assessments are strictly in-line to the KPIs defined by HQA and no adaptation to the Institution’s / departmental characteristics and needs has been pursued.

4. An additional procedure (sub-process) should be defined in the Quality Manual, and especially to the high-level Process #4, to describe the way the self-assessment outcomes lead to documented action plans and to ensure that the developed action plans will be followed.

5. The action plans that result from the self-assessments should be properly documented and uploaded to a dedicated QAU webpage.

6. A rigorous procedure describing the self-assessment of the administrative units, similar to the one followed by the academic units, needs to be established in IQAS and included in the Quality Manual.
Principle 6: Collection of Quality Data: Measuring, Analysis and Improvement

INSTITUTIONS ARE FULLY RESPONSIBLE FOR THE COLLECTION, ANALYSIS AND USE OF INFORMATION IN AN INTEGRATED, FUNCTIONAL AND READILY ACCESSIBLE MANNER, AIMING AT THE EFFECTIVE MANAGEMENT OF THE QUALITY DATA RELATED TO TEACHING, RESEARCH AND OTHER ACADEMIC ACTIVITIES, AS WELL AS OF THOSE RELATED TO THE ADMINISTRATION.

The QAU should establish and operate an information system to manage the data required for the implementation of the Internal Quality Assurance System.

The QAU measures and monitors the performance of the various activities of the Institution, through appropriate procedures established in the context of the IQAS structure, and assesses their level of effectiveness. The measuring and monitoring is conducted on a basis of indices and data provided by HQA in the pertinent guidelines and forms, which are part of the National Information System for Quality Assurance in Higher Education (NISQA). These measurements may concern: the size of the student body, the size of the teaching and administrative staff, the infrastructure, the structural components of the curricula, students’ performance, research activity performance, financial data, feedback on student and faculty satisfaction surveys, data related to the teaching and research activity, services, infrastructure, etc.

The QAU makes use of the figures and presents the results for consideration using statistical analysis. Outcomes are displayed through histograms and charts. This sort of information is used by the Institution for decision making, at all levels, pursuing improvement, as well as for setting, monitoring, assessing and reviewing the Institution’s strategic and operational goals.

Institution compliance

Data collection and analysis is foreseen in the IQAS through a dedicated high-level process in the Quality Manual (Process #5, pages 47-54). The AP tried, through the study of the relevant documents and the onsite visit, to verify that the procedures defined in the Quality Manual are appropriated for the specific Institution and that they are applied in practice.

There is strong evidence that evaluation data, concerning the individual courses of each specific Study Programme, are collected from students at the 9th week of each academic semester. The corresponding data collection tool (student questionnaire) covers questions on teaching quality, course materials, infrastructure and focuses on the teacher’s approach to the course. During the meeting with the students, the AP verified that the student questionnaire is comprehensive and it is adequately distributed to the student body. The participation of students in this evaluation process is stated in the “Annex V: Stochothesia_TEI_CM” as a quality goal (Σ1.4) associated with the first Strategic Goal of the Institution which deals with the quality of teaching and the learning experience of students.

Hard-copies of evaluation questionnaires are distributed to the students for the course evaluation. This assessment is carried out in a strict anonymous manner, where a third party (in the absence of the academic involved with the course), distributes the questionnaire sheets to the students at the end of the lecture period. The questionnaires are collected by the third party and securely stored until processed. In the past years, as it has been reported by the students, these questionnaires were stored but not processed due to lack of personnel and/or lack of relevant quality processes. The last three years, some students were assigned the task to scan and digitise this data, as reported more
than 20000 student questionnaires were processed so far, through dedicated software. The relevant
digital data were attributed to the course referred.

This process was proved invaluable, but time consuming. It has been reported and demonstrated that
an electronic version of the student questionnaire is available and used by some departments. This
evaluation process is again strictly anonymous governed by a randomized coded system that creates
irreversible codes for each student-course pair. During the meeting with AP, the QAU staff mentioned
that the application of the student questionnaire will become fully implemented and used across all
departments during 2019.

While there is no specific data collection tool regarding the teaching methods this is covered in the
student questionnaire, distributed to the students as part of the course evaluation. The main teaching
methods, as identified in the syllabi of the individual courses, are lecturing, laboratory hands-on
participation and collaborative projects. During the meeting with the AP, the students raised their
dissatisfaction regarding the irrelevant portions of the questionnaire if the course is purely theoretical
or purely practical (laboratory course), which according to them, shows that the questionnaires were
not designed with the proper care and are taken simply as an obligation imposed by IQAS. The AP
verified that the TEI_CM is controlling the efficacy of teaching materials’ (books, notes, etc) distribution to the students, which takes place via the program “Ευδοξος”, in electronic and hard-
copies format.

Each individual staff member from the academic cohort is self-evaluated once a year, providing
information on the courses taught, supervision of and responsibility on laboratory sessions, number
of publications and relevant research data, administrative duties, etc. On the contrary, there is no
evidence that individual data are collected about the innovation outcome of teaching staff, but this
may be attributed to the individual’s activities, reported in the individual assessment.

There is no apparent evidence of individual data collection on the infrastructure of the institution, or
its maintenance. However, this is partially covered in the student questionnaire. On the other hand,
there is no evidence of an existing template for addressing evaluation issues on the finance of the
Institution although it has been reported that financial statements on expenditure do exist as a list of
prioritized items.

The accuracy and reliability of collected data is verified by the way it are collected, that is by the
anonymity of the participating students in the evaluation of individual courses, and through the
(possibility of) public cross-check as far as the research performance of each individual faculty
member is concerned. Regarding the student questionnaires, the fact that up to the present date
there was a massive amount of stored data which was scanned and captured as is, shows that the
reliability of the data is guaranteed. In the way forward with the electronic evaluation, as it has been
demonstrated by a member of the QAU, the captured data will be directly and permanently linked
with the course and academic involved.

The feedback the AP received from the alumni and graduates is that there is satisfaction from the
education and student life they had at the TEI_CM. However, there is no documentation to indicate
that such a process exists and implemented, although it is mentioned in the Quality Manual of the
IQAS. As far as the student questionnaires on the individual courses, which could be considered as a
sort of satisfaction survey at the lowest level, many students complain that the evaluations are waste
of time as their comments, appraisals and criticisms included, are not heard and the evaluations are
performed for the sake of following a protocol. Up to date there has been no feedback to a process
following the evaluation, its outcome or the improvement (if it is necessary). The same response was
also received from academic staff, mentioning that their self-evaluations on both teaching and research, are stored and seen only by the top hierarchy of the institution without any follow-up. Hence, there was a claim that if there is a need for action, nothing happens in practice.

Up to the present, data related to the availability and accessibility of infrastructure, such as the equipment, social services and IT facilities, is partially collected through the student questionnaires on the individual courses as well as through the needs reported on the faculty self-assessment reports. There is no apparent evidence of how those data are analyzed and for what reason, apart from just capturing them. Handwritten student comments in the corresponding questionnaires, which form the more important evaluation of the course assessment and any infrastructure deficiencies, are only captured as images and need manual inspection. Overall, there is no index of suitability, adequacy or effectiveness of the data captured, as there has been no process so far to deal with specific issues resulting from the evaluations.

The AP notes, also, from personal experience during their onsite visit, that the Wi-Fi network in the campus is rather unreliable and that the eduroam wifi network is not functioning at all. For an Institution that has two of its departments outside the main campus at Serres, and in view of the forthcoming Institution’s restructuring encompassing the unification with other three institutions in Kavala and Thessaloniki, the reliability of the wifi service and the IT facilities, in general, is of primary importance and should be seriously considered as a specific quality goal in Institution’s Strategic Plan.

There is strong evidence that the Institution has taken measures to adhere to the recommendations of the external reviews for both the Institution and the various academic departments. Many of those recommendations were effectively adopted as processes and procedures of the IQAS and are stated in the Quality Manual. The re-establishment of QAU at the beginning of 2018, is proof of the tremendous attempt of the Institution members to adhere to quality measures and indicators, as well as of their dedication to continuous improvement.

The AP noted that the data collected is not properly presented in graphs so as to easily demonstrate trends that allow direct interpretation and comparisons with similar institutions. However, data referring to student evaluations of individual courses and research reports of the faculty can be automatically presented in graphs allowing within department and Institution comparisons, thanks to the electronic system developed by the QAU. The AP appreciates this effort and encourages the QAU to implement also the missing electronic reports so as in the near-future evaluations will be statistically presented and interpreted for direct comparisons and use in the self-assessment reports of the academic units.

While key data and associated indicators have been set out and foreseen as input to setting and reviewing the Institution’s strategic and operational goals there is no evidence that this process has been implemented yet. The AP notes that the majority of these indicators are heavily influenced by the template distributed by HQA (ADIP) and do not necessarily transcribing to the direct needs of the Institution. Some indicators, for instance, those referring to the quality of teaching and students’ learning experience, are not fully appropriate and must be modified accordingly.
Panel judgement

**Principle 6: Collection of Data: Measuring, Analysis & Improvement**

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**Principle 6: Collection of Data: Measuring, Analysis & Improvement (overall)**

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**Panel Recommendations**

1. The AP recommends that proper performance indicators and ways of capturing, analyzing and presenting the evaluation data are considered by IQAS and properly documented in the Quality Manual. The processes used by the Institution for decision making, pursuing improvement, as well as for setting, monitoring, assessing and reviewing the Institution’s strategic and operational goals should be also a part of the IQAS.

2. Feedback from the course evaluations should be made available to the students, at least as far as the qualitative comments they wrote. A good practice, followed by several foreign Universities, is to attach the statistical analysis, together with the captured qualitative comments, on the course offered by the Institution. In this way, the students will be aware of the teaching methods used and of the quality of the teaching, as well as of the follow up of their claims, comments and concerns. In this respect, only the student course evaluations are visible to whoever is registered for the course. The individual academic self assessment is not attached and it is not available on the site of the course.
3. The AP welcomes the establishment of the Student Representative principle ("Συνήγορος του Φοιτητή") and believes that it has opened channels of improvement regarding the active engagement of students in the IQAS procedures. Student matters can reach the Senate and vice-versa. The SRC (Student Representative Council) should ensure transparency of activities, recommendations, and improvements and must define their representatives in QAU as soon as possible.
Principle 7: Public Information

INSTITUTIONS SHOULD PUBLISH INFORMATION ABOUT THEIR TEACHING AND ACADEMIC ACTIVITIES IN A DIRECT AND ACCESSIBLE MANNER. ALL PERTINENT INFORMATION SHOULD BE UP-TO-DATE, CLEAR AND OBJECTIVE.

The QAU publishes data related to IQAS structure, organisation and operation. Furthermore, the QAU publishes data pertinent to the institutional quality policy and objectives, as well as information and data relevant to the Institution’s internal and external evaluation. In the context of the self-assessment process, the QAU verifies that adequate information regarding the teaching activities and, particularly, the programmes’ profile and the overall institutional activity is publicly available. QAU makes recommendations for improvement, where appropriate.

Institution compliance

Information about teaching and academic activities is publicly accessible via the Institution’s website. There is also considerable information related to IQAS on the website and especially material about internal and external evaluations, follow up decisions and reports, as well as general information at both institution and department level. In particular, all the internal and external evaluation reports of the Institution (since 2014) and its various departments (some since 2008) are available on the QAU website. However, the AP considers that locating the QAU link in the Institution’s website is not straightforward and that, overall, the Institution’s website lacks some important principles of user-friendly design.

Information regarding the curriculum structure and associated study guides of the various degrees while publicly available online lacks coherence and systematic presentation. In the view of the AP, this information should be organized into specific thematic units. Instead, there is a booklet in pdf form that contains significant amounts of information, which may not be of interest to every user but which every user must go through in order to locate the specific piece of information he/she is interested in. There is also a significant deviation between the websites of each department in terms of the way similar information is presented.

In some cases, key information about the Study Programmes is not available online. While staff bios, curriculum structure and courses are available on departmental websites, there is no information, or the related information is difficult to find, regarding the mode of attendance, the fees for the postgraduate programs, and the criteria of assessment for each course. For the latter, in most cases, simple course outlines are given instead of full syllabi.

Information regarding the structure and operation of the QAU, along with QAU’s mission statement and policy, is available online, as a separate subdomain, namely http://modip.teicm.gr/, but only in Greek. The English version of QAU’s webpage is only available as a part of Institution’s website, namely (http://www.teicm.gr/index.php?lang=en&cat_id=54), but the information presented therein is clearly outdated. In particular, it reports the previous composition of QAU and does not include any pertinent information that is available on the Greek version of the QAU’s website.
Panel judgement

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Panel Recommendations

1. Standardize the presentation and type of information contained in each departmental website. Include all pertinent information regarding study guide, curriculum, fees, degrees awarded, course outlines, criteria for assessment, and mode of attendance.
2. QAU’s website in English needs to be developed and contain the same information and links as the Greek one. The QAU related information in the English version of Institution’s website needs to be updated so as to map the corresponding information in Greek.
3. Feature the QAU link more prominently and easily on the Institution’s webpage.
Principle 8: External Evaluation and Accreditation of the IQAS

**Institutions should be periodically evaluated by committees of external experts set by HQA, for the purpose of accreditation of their internal quality assurance systems (IQAS). The periodicity of the external evaluation is determined by HQA.**

External quality assurance, in the case in point external evaluation aiming at accreditation, may act as a means of verification of the effectiveness of the Institution’s internal quality assurance, and as a catalyst for improvement, while opening new perspectives. Additionally, it can provide information with a view to public acknowledgement of the positive course of the Institution’s activities.

The Higher Education Institutions engage in periodic external quality assurance which is conducted taking into consideration any special requirements set by the legislation governing the operation of the Institutions and their academic units.

Quality assurance, in this case accreditation, is an on-going process that does not end with the external feedback, or report or its follow-up process within the Institution. Therefore, Institutions ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

**Institution compliance**

The AP has insufficient information to determine whether the Institution regularly engages in the IQAS procedure as set by HQA. During the meetings with the Administration, the QAU, the OMEAs and the faculty, it turned out that they began the process of evaluation many years ago but the whole process as set by HQA in recent years has not been followed except for the current year, 2018. A new administrative team was elected in 2018 and decided to resuscitate the process which had been dormant for the previous three years. The team has done a very good job of building and institutionalizing quality assurance processes that are rigorous, inclusive and informative. However, it is too early to have an adequate number of internal evaluations upon which the effectiveness of IQAS could be assessed. Overall, the AP detected that the terms and purpose of IQAS were understood by all parties involved, with the notable exception the QAU members, primarily as course and faculty assessments and reports rather than as a broader long-term process of quality assurance that also aims at improving or establishing external relations, inclusive participation and quality education broadly conceived.

The members of QAU are aware of the importance of the external review and during the meetings with the AP were eager to support the AP and contribute to improving the process of quality assurance and accreditation. They understood how the accreditation procedure works and they showed, during the meetings with the AP, their willingness and devotion to fill existing gaps, some of which they were already aware. The AP feels that the QAU members have been making significant effort to improve the overall institutional climate toward quality assessment and to define specific performance indicators of quality that could motivate all relevant stakeholders, especially the faculty.

The AP noted that not all stakeholders of the Institution actively engage in the IQAS. During our meetings, it became clear that stakeholders internal to the institution, i.e., teaching staff, were engaged although they appeared reticent to espouse the findings because they expressed concerns regarding the validity of indicators and more importantly the consequences. For example, some members of the faculty expressed the concern that while data are collected regarding teaching
evaluations, the process lacks meaning (“what’s the point,” one said) because the data could be “massaged,” that is, changed by the teaching staff’s ability to put excellent grades and hence increase the chances that students would evaluate them as “good instructors”. In addition, they pointed out there is no follow-through regarding consequences because of privacy issues and inability to “punish” instructors who consistently received bad evaluations.

During the AP meeting, administrative staff said they were asked to contribute to IQAS but the nature of contribution was not well articulated and the administrative staff’s contribution was rather minimal. It was considered as an additional source of information rather than as involvement in the IQAS design and the setup of relevant quality goals. They were asked to spell out what their tasks were in order for the institution to know what precisely their workload was, but it did not appear the staff’s contribution went beyond a simple notation of workload. More specifically, there was no process to inform the Institution’s upper management team about issues affecting staff beyond ad-hoc conversations among specific individuals. The AP feels that more work needs to be done to engage the administrative staff in the iterative process of setting up strategic institutional and relevant quality goals, and contributing to discussions regarding the implementation plan of these goals prior to their actual enforcement.

Students, alumni, and especially external stakeholders, such as industry or public sector organizations, appeared to be far less aware of the IQAS and had little to no input to it. All these groups noted there is no institutionalization of processes to inform stakeholders regarding the Institution’s strategic goals and their association with specific quality assurance goals. Important cooperation between external stakeholders and the Institution, some parts of which could be considered as good practice for other institutions, is done on an ad-hoc basis, initiated by particular members of the faculty and grounded on personal relations with the alumni and external stakeholders. While all held the institution in high esteem and wanted to help out in any way they could, there is no formal process that enables them to contribute effectively and efficiently. Some external stakeholders in the public sector have institutionalized cooperation with the TEI_CM that spells out what the nature of cooperation is and what the tasks would be, especially for students during their internship in the aforementioned organizations. However, this does not apply to all stakeholders, some of whom followed an ad-hoc procedure of contacting specific faculty members or departments, when need arose, to request specific assistance. The AP estimates that the majority of external stakeholders operated under such ad-hoc cooperation procedures. All in all there appeared to be no formal communication channels and processes between the Institution and stakeholders beyond the faculty.

Regarding follow up with the prior external evaluation of TEI_CM, a follow through report has been published, in July 2018, and is publicly available on the website, in Greek. Because it was published so recently there is relatively little that has been accomplished although the relevant departments and individuals expressed their very strong willingness to move the process forward and follow through with the remainder of recommendations. Many of the tasks have not been accomplished although the main reason for the majority of delays or abandoned tasks is the impending institutional reorganization, changing the TEI into a university by integrating three previously existing institutions into one. This reorganization raises challenges that have set back some tasks, such as the establishment of a new School of Art and Graphic Design. In addition, some tasks such as the hiring of new administrative staff, teaching faculty and technical support staff, are beyond the control of the local administration as they are centrally decided by the Hellenic Ministry of Education. The majority of teaching staff expressed their frustration with the slow pace of reforms and follow through
precisely due to factors external to the institution and beyond their control – the legal framework in most instances.

Alumni expressed concern that some effort was made to create an alumni group in response to the follow up report, but not much has happened beyond the initial contacts. External stakeholders have noted they have not been asked by the institution to contribute meaningfully to the setting up of strategic and quality goals and what they, stakeholders, wish to see done.

Regardless of the follow up report, there appears to be a lack of systematic information and discussion between the institution and external stakeholders and alumni. Most said they were aware of some of these issues but either did not have the time to delve more deeply into the specific goals and any contributions they could potentially make or they were not aware that such goals exist. Alumni noted isolated initiatives for follow up and improvement but also the lack of systematic engagement to accomplish these tasks. The same issue was echoed by students (undergraduate and postgraduate).

**Panel judgement**

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**Panel Recommendations**

1. Formalize communication channels between the Institution and stakeholders beyond teaching staff. This is especially important for external stakeholders, such as industry and public sector organizations.

2. Engage student, alumni and external stakeholders as strategic partners to the Institution. Engagement is difficult because it needs to go beyond letting students or alumni know of what is happening. It contains multiple contacts and follow up, specific communication channels for anyone interested in contributing and possibly buttons on the website for specific stakeholders beyond the simple email address that currently exists.

3. Institutionalize a system of feedback to all stakeholders. Publish all pertinent information on the QAU website, making it the main, but not the only, gateway to this information. Many stakeholders expressed concern that they do not know whether their recommendations were heard or acted upon. It is critical for them to know what the impact of their contribution is in order to establish an IQAS that can be sustained in the long run.
PART C: CONCLUSIONS

I. Features of Good Practice

The AP during their site visit (mainly) as well as by studying the various documents submitted by TEI_CM for the IQAS accreditation identified some features of good practice that can be adopted by similar institutions in Greece and in particular by their local QAUs. These features are summarized below:

a. The QAU of TEI_CM is staffed with permanent personnel. In particular an administrative staff member with degree on Informatics is dedicated to the QAU and helps substantially towards the design and, mainly, the implementation of the IQAS.
b. The Administration defined small research grants (up to €2000) to support basic research of the faculty funded by the reserve account of the ELKE. These grants are strongly associated with publications in high quality journals according to international scientific journal rankings.
c. An electronic system for reporting problems and faults relating to the technical services of the Institution has been developed and is in operation.
d. There is broad willingness by the majority of staff to participate in quality assurance processes and especially to those referring to teaching and research.
e. There is an electronic management system for payments and budget control and monitoring.
f. The Quality Manual is well organized and detailed.

The AP needs also to point out the following and credit the Administration and the QAU of TEI_CM:

a. The campus is clean and well-maintained.
b. The faculty has been delved into quality assurance procedures referring to the quality of learning well beyond the establishment of QAU and the formal IQAS procedures.

II. Areas of Weakness

The following points are identified as weaknesses, which, however, are easy to amend:

1) Many actions and procedures are ad-hoc and have not been recorded in the IQAS.
2) The process of quality assurance has not been communicated adequately to the admin staff, external stakeholders and students.
3) There is a general perception among both faculty and students that quality assurance is secured by the mere filling of questionnaires and annual activity reports. The feedback processes and actions thereof to implement improvements are not fully established. In fact such mechanisms are hardly available by the state system that controls institution operations.
4) The IQAS has not yet defined a benchmarking system by which course evaluations would be gauged and improvements assessed (for example, by asking the faculty to articulate course learning objectives and specific course learning outcomes).
5) Statistical analysis has yet to be done; no evidence is available as of yet that the IQAS has been evaluated and a process is in place for planning of any follow-up corrections / improvements. Dedicated personnel is essential in this role.
6) Apart from course evaluations and annual activity reports the stakeholders should become engaged in all other considerations that secure an integral quality framework, including (a) Health and safety at the workplace (machine shops and Labs) and electronic governance for immediate actions to secure functionality of all operations, (b) Access to resources (e.g., library) past the public servant working hours, (c) Student life on campus, (d) Monitoring of the community characteristics such as reflecting the diversity of the student and faculty population - for example only five female faculty members in the faculty complement of 85 is disproportionate with the number of graduating female PhDs in engineering.

III. Recommendations for Follow-up Actions

The AP verifies that a considerable amount of work has been carried out the last seven months in TEI_CM for the design and implementation of an effective and efficient IQAS. The members and staff of the QAU are dedicated and actively engaged towards this goal and the AP should credit them and encourage them to continue the hard work they do.

The AP could not fully assess the effectiveness and actual implementation of the IQAS due to the lack of processed data related to internal evaluations of departments and administrative units. It is clear that data related to teaching and research activities are collected on a regular basis and this is the case for several years now. However, the processing, analysis and reporting of those data is still in its infancy. As a result, documented follow up and remedy plans for any weakly performing unit or individual are totally missing. Furthermore, although the strategic plan of TEI_CM includes in addition to teaching and research related goals seven more strategic goals and associated quality goals and KPIs, the sources of information regarding the level of fulfillment of these goals are unclear and vaguely specified. As a result, the IQAS is understood by the majority of stakeholders, with the notable exception of the QAU members, as spanning only the collection of data for teaching and research.

The AP identified three main weak points regarding the IQAS of TEI_CM:

1. The quality goals and the relevant KPIs of the IQAS, and, to some extent, the strategic goals of TEI_CM are not adapted to the peculiarities, structure, modes of operation and strengths of the Institution. Thus, the IQAS appears quite generic and heavily influenced by the principles set by HQA (ADIP). As a result the faculty, in a great extent, and other stakeholders consider that the IQAS is (externally) applied to them and although they express a good will to adopt it they do not feel to own it.

2. Many of the procedures followed by the staff of TEI_CM, and especially those referring to their relations with external stakeholders and alumni, are implemented in an ad-hoc basis.

3. The IQAS was not effectively communicated outside TEI_CM and no formal ways of feedback collection from external stakeholders were set out. For instance, the view and experience of alumni and their employers as well as the feedback by external stakeholders involved with student internships could be very important for the evaluation of the Study Programmes as a whole.

The full list of recommendations of the AP are summarized below:

1. The Quality Assurance Policy of TEI_CM should be more effectively communicated to all relevant stakeholders (faculty, students, admin staff, graduates, strategic partners, etc)

2. The Quality Assurance Unit should establish formal procedures through which all relevant stakeholders could be actively engaged in the design and application of Institution’s Quality
Assurance Policy. This is especially important for external stakeholders, such as industry and public sector organizations.

3. Engage student, alumni and external stakeholders as strategic partners to the institution. Engagement is difficult because it needs to go beyond letting students or alumni know of what is happening. It contains multiple contacts and follow up, specific communication channels for anyone interested in contributing and possibly buttons on the website for specific stakeholders beyond the simple email address that currently exists.

4. Institutionalize a system of feedback to all stakeholders. Publish all pertinent information on the QAU website, making it the main, but not the only gateway, to this information. Many stakeholders expressed concern because they do not know whether their recommendations were heard or acted upon. It is critical for them to know what the impact of their contribution is in order to establish an IQAS that can be sustained in the long run.

5. The quality goals and the associated KPIs, per se, as set out in “Annex V: Stochothesia TEI_CM”, were strictly selected from the pool of quality goals and KPIs suggested by HQA (ADIP). The AP recommends that the quality goals to be set out following the procedures described in the Quality Manual, Process #3, so as to betters reflect the peculiarities, strengths and weaknesses of TEI_CM.

6. The vacant positions of the permanent administrative personnel of the QAU should be staffed as soon as possible. For instance, a data analyst is essential complement of the QAU staff in order for the collected data to be processed, analyzed and reported, and sound feedback to be made available to QAU.

7. The student bodies should be motivated to define their representatives in QAU.

8. Assessment referring to the applicability of each one of the processes and sub-processes described in the Quality Manual should be carried out as soon as possible. The findings of these assessments should be clearly documented and a follow up plan for possible amendments should be drafted.

9. All goals of the Quality Assurance Policy should clearly associated with KPIs.

10. The majority of current KPIs associated with the Quality Assurance Policy are too generic and need to be revised and adapted to Institution’s strategic goals.

11. No clear process referring to the revision of KPIs and objectives of QAP is defined.

12. The AP recommends that proper performance indicators and ways of capturing, analyzing and presenting the evaluation data are considered by IQAS and properly documented in the Quality Manual. The processes used by the Institution for decision making, pursuing improvement, as well as for setting, monitoring, assessing and reviewing the Institution’s strategic and operational goals should be also a part of the IQAS.

13. Feedback from the course evaluations should be made available to the students, at least as far as the qualitative comments they wrote. A good practice, followed by several foreign Universities, is to attach the statistical analysis, together with the captured qualitative comments, on the course offered by the Institution. In this way, the students will be aware of the teaching methods used and of the quality of the teaching, as well as of the follow up of their claims, comments and concerns. In this respect, only the student course evaluations are visible to whoever is registered for the course. The individual academic self-assessment is not attached and it is not available on the site of the course.

14. The AP welcomes the establishment of the Student Representative principle (“Συνήγορος του Φοιτητή”) and believes that it has opened channels of improvement regarding the active engagement of students in the IQAS procedures. Student matters can reach the Senate and vice-versa. The SRC (Student Representative Council) should ensure transparency of activities,
recommendations, and improvements and must define their representatives in QAU as soon as possible.
15. Entailed electronic forms and templates should be designed for each one of the processes defined in the Quality Manual.
16. The Quality Assurance Unit should consider including the goal of evaluating individual courses exclusively through electronic questionnaires.
17. Goals related to the evaluation of the Study Programmes (curricula) as a whole, along with relevant KPIs, should be included in the Quality Assurance Policy and the Quality Manual.
18. All ad-hoc actions need be documented as processes/procedures and to be communicated to all parties (faculty, admin staff, students, graduate students, alumni and external stakeholders).
19. The IQAS includes provision that self-assessments of the academic and administrative units are carried out on an annual basis. Relevant data, such as student questionnaires for the evaluation of individual courses are collected every six months. In both cases, there is place for improvement concerning these procedures. Prompt analysis of the available data, development of remedy actions and feedback to the relevant parties should be ensured in the IQAS and applied in practice.
20. The outcomes of previous external evaluations and self-assessments are recorded in internal reports drawn up by the QAU and are publicly available through the QAU website. While these reports identify areas of deviation or non-compliance with the IQAS’s procedures, no clear methodology has been set out to address the drawbacks/problems reported. Similarly, no feedback to the concerned stakeholders is given although this is clearly included in the Quality Manual processes.
21. In most cases the data recorded during self-assessments are strictly in-line to the KPIs defined by HQA and no adaptation to the Institution’s/departmental characteristics and needs has been pursued.
22. An additional procedure (sub-process) should be defined in the Quality Manual, and especially to the high-level Process #4, to describe the way the self-assessment outcomes lead to documented action plans and to ensure that the developed action plans will be followed.
23. The action plans that result from the self-assessments should be properly documented and uploaded to a dedicated QAU webpage.
24. A rigorous procedure describing the self-assessment of the administrative units, similar to the one followed by the academic units, needs to be established in IQAS and included in the Quality Manual.
25. There is a need to introduce good practices and code compliant procedures towards securing safety of operations and the maintenance, renewal and function of the Infrastructure. Particular emphasis should be given on rules of health and safety against accidents.
26. The QAU is recommended to extend the good practice of electronic reporting of problems/damages and needs to the function of the laboratories and laboratory equipment.
27. The AP considers that in the quality assurance procedures (and systems) referring to problem reporting, the methods, time margins to address/solve these problems and follow up actions, should be clearly indicated. A typical example on this would be the student questionnaires and staff satisfaction surveys where feedback to the related stakeholders about any reported issue could give them the satisfaction that their suggestion was seriously considered and thus motivate them to continue giving their feedback in the future.
28. In the Quality Manual, Process #3, please add a procedure describing the ways in which the quality goals are reviewed and revised.

29. Training of the administrative personnel of individual units to be able to support the specific needs of IQAS implementation should be provisioned.

30. Several units are understaffed thereby impairing the smooth implementation of quality objectives. The QAU should address this issue in their action plans.

31. Standardize the presentation and type of information contained in each departmental website. Include all pertinent information regarding study guide, curriculum, fees, degrees awarded, course outlines, criteria for assessment, and mode of attendance.

32. The QAU’s website in English needs to be developed and to contain the same information and links as the Greek one. The QAU related information in the English version of Institution’s website needs to be updated so as to map the corresponding information in Greek.

33. Feature QAU link more prominently and easily on the Institution’s webpage.

IV. Summary & Overall Assessment

The Principles where full compliance has been achieved are:

N/A

The Principles where substantial compliance has been achieved are:

1. Principle 1: Institution Policy for Quality Assurance
2. Principle 2: Provision and Management of the Necessary Resources
4. Principle 4: Structure, Organisation and Operation of the IQAS
5. Principle 5: Self-Assessment
7. Principle 7: Public Information

The Principles where partial compliance has been achieved are:

1. Principle 8: External Evaluation and Accreditation of the IQAS

The Principles where failure of compliance was identified are:

N/A

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The members of the Accreditation Panel for the IQAS of the Technological Educational Institution of Central Macedonia

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<td><strong>Prof. Soteris Kalogirou</strong>, Cyprus University of Technology, Limassol, Cyprus</td>
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<td><strong>Prof. Stavroula Pantazopoulou</strong>, York University, Toronto, Ontario, Canada</td>
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<td><strong>Dr. George Vicatos</strong>, University of Cape Town, Cape Town, South Africa</td>
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<td><strong>Prof. Nikolaos Zahariadis</strong>, Rhodes College, Memphis, Tennessee, USA</td>
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