



Swiss International
Institute Lausanne

GENERAL PROCEDURES FOR QUALITY REVIEWS

Swiss International Institute of Lausanne - SIIL

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I CONTEXT

SIIIL undertakes internal quality reviews of its study programmes as well as different units according to its Quality Assurance Policy as well as to the [Standards and Guidelines for Quality Assurance in the European Higher Education Area](#) (ESG) Part 1.

II PURPOSE

The purpose of this document is to outline the general elements of the quality review process common to reviews of Faculties, Programmes and Administrative/Support Areas.

The aims of the quality review process are:

- to provide a structured opportunity for a unit to critically reflect on its activities and plans for development in the context of the SIIIL Strategic Plan and other strategic initiatives;
- to benefit from a constructive commentary by external reviewers to SIIIL that are experts in their field, both Academic and Industry;
- to ensure that quality and standards in all areas are maintained and enhanced, and that any areas of concern are identified and addressed;
- to promote the enhancement of the unit's provision as part of a strategy for continuous quality improvement.

III SCOPE

This procedure applies to quality reviews of Faculties, Programmes, Administrative/Support Areas in SIIIL.

The scope of the review includes the internal quality assurance procedures of the unit under review as applied to the full range of its activities.

IV BENEFITS

The benefits of quality reviews are that they:

- 1.1 Afford the units under review the opportunity to evaluate their own operation and performance in a structured way;
- 1.2 Allow the Institute to evaluate how well the unit's activities are articulating the SIIIL Strategic Plan and its strategic initiatives;
- 1.3 Fulfil SIIIL's commitment to the quality assurance of its provision of education, research and related areas;
- 1.4 Demonstrate alignment with the guidelines set out under the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

V PROCEDURE

1. Initiation

The Quality Assurance Office will write to the Head of the unit under review one year prior to the review, notifying them that the unit is scheduled for review.

Terms of Reference (TOR) are documented for each review. The TOR will be developed by the Quality Assurance Office in consultation with the Head of the unit under review and with the SIIIL Officer/s with line management responsibility for the unit. The TOR will inform the scope and purpose of the review and will outline the key areas or issues that the Institute would like the review team to focus on.

Following confirmation of the TOR, the SIIIL Officers to be involved in the review will be identified and communicated to the unit under review. Table 1 below provides a profile of primary officers involved by review type. Other officers/staff may be invited as appropriate.

The involvement of other SIIIL Officers/key stakeholders will be determined by the Terms of Reference, e.g. if the TOR for a Faculty review focus on undergraduate education, the Senior Lecturer will be involved or if the TOR includes arrangements for collaborative provision, representatives external to SIIIL will be involved in the steps outlined in Table 1 below.

Table 1: SIIIL Officers and line managers involved in reviews by review type

| | Faculty | Admin/service | Programme |
|--|--|--|--|
| Responsible SIIIL Officer | Academic Director | Relevant SIIIL Officer or Head of Unit | Academic Director, Programme Lead / Faculty Dean |
| Terms of Reference (TOR) | Academic Director, Faculty Dean, Quality Officer | Relevant SIIIL Officer or Head of Unit Quality Officer | Faculty Dean, Programme Lead, Quality Officer |
| Selection Panel | Faculty Dean, Academic Secretary | Relevant SIIIL Officer or Head of Unit. Quality Officer | Faculty Dean, Programme Lead, Academic Secretary |
| Finance Meeting | Faculty Dean, Head of Unit, Finance Partner | Head of Unit and/or Divisional Finance Partner | Faculty Dean, Programme Director |
| Factual accuracy and response to report | Faculty Dean | Relevant SIIIL Officer or Head of Unit | Faculty Dean, Programme Lead |

2. Appointment of Review Team and Internal Facilitator

The Quality Assurance Office will invite the Head of the unit to bring forward nominations for External Reviewers. The unit under review should not contact potential nominees to garner their interest in participating in a quality review. This will be done by the Quality Assurance Office when a shortlist is selected by the panel (see

below). The proposed nominations should be discussed with the relevant SIIL Officer, prior to submission to the Quality Assurance Office.

It is very important to protect the integrity of the review and review report recommendations that the unit not put forward nominees that could have a perceived conflict of interest i.e. External Reviewers should not have had a close association with staff in the area under review, either in a personal or professional capacity, within the last five years.

The Reviewer Nomination Form should ideally include sufficient background information about the proposed Reviewers to allow an informed decision to be made by the Selection Panel. If background information is not available on the internet or through other public information sources, candidates will be contacted by the Quality Assurance Office to request a CV or resumé.

On receipt of the nominations, the Quality Assurance Office will arrange the Selection Panel, which will comprise the primary officers as outlined in Table 1, by review type. Other participants will be determined by the Terms of Reference for the review and will vary from review to review.

The composition of the review team will be determined by the review type and by the Terms of Reference for the review. The Selection Panel will choose three/four reviewers as the preferred team along with appropriate numbers of reserve candidates in case of lack of availability for proposed review dates or withdrawal from the review team, prior to the review visit.

The Head of the unit and/or the Quality Assurance Office may also be asked to provide additional information or further nominees for consideration by the Selection Panel.

The Quality Office will contact preferred candidates to formally invite them to participate in the review. If they are not available, the reserve candidates will be approached.

Once the composition of the review team has been confirmed, the Quality Assurance Office will liaise with the unit under review and with the relevant SIIL Officers to identify suitable dates and align these with the Reviewers' preferences.

3. Development of the Self-Assessment Report (SAR)

The self-review exercise is designed to take a critical look at the performance and direction of the unit under review.

The Self-Assessment Report (SAR) forms the principal source of information for the External Review team prior to their arrival on-site. It should have a strategic focus, be

forward looking, and provide a critical appraisal of the unit and the quality assurance processes that support the unit's activities.

Responsibility for the development of the SAR and engagement of internal and external inputs rests with the unit under review. It is important that input is elicited from key internal stakeholders, including students, through surveys, focus groups etc.

The financial/budget data included in the SAR will be provided by the Financial Services Division based on the outcome of the previous year's annual budgetary cycle process. The Unit Head or relevant SIIIL Officer and Finance Partner must sign-off on financial data included in the SAR.

The main body of the SAR should not normally exceed 50 pages (excluding the appendices). The document must conform to SIIIL visual identity guidelines.

The Quality Assurance Office will review drafts of the SAR, make recommendations for improvement and arrange for proofreading of the final draft prior to its dissemination to the Review team.

4. Development of the Schedule of Meetings

The Quality Assurance Office will take the lead in the development of a schedule of meetings to ensure that the key issues identified in the SAR are addressed during the on-site/online visit. A draft will be provided to the unit under review in which a recommended running order and composition of meetings will be detailed.

In developing the schedule of meetings, the Quality Assurance Office will seek to ensure that the following principles are followed:

- Key persons/representatives referred to in the SAR are included in the schedule;
- Larger meetings (max 45 minutes in duration) with groups of representatives such as Management, Teaching staff, students, clients, alumni etc. are preferred over shorter meetings with 1-2 attendees. Forum style meetings which allow for themed discussions with groups of relevant stakeholders should be included where possible;
- Sufficient private time is allocated in the schedule to allow External Review team to process information between meetings and allow for changes to the schedule;
- Time allocated to report writing is protected to allow the External Review team to prepare for presentation of findings;
- A tour of key facilities, on and off-campus, is included;
- Transfer time between venues is considered.

The unit under review should advertise widely for stakeholder participation in the review visit. External stakeholders should be provided with sufficient notice of their

meeting, and the date, time and venue should be confirmed again closer to the review date.

A guidance note for attendees is available (Appendix 1) which can be customised by the unit under review to provide a context for invitees to meetings for the Review.

The Quality Assurance Office will schedule relevant attendees at meetings outlined in Table 1 once the review date is confirmed. Responsibility for inviting attendees to all other meetings (including SIIL Officers relevant to specific TOR) rests with the unit under review.

The draft SAR and a draft schedule of meetings are forwarded to the External Reviewers by the Quality Assurance Office at least seven weeks in advance of the review date. The Reviewers will have an opportunity to make amendments to the proposed review timetable in advance of, and during, the review (online) visit.

5. Conduct on the (online) site visit

The site visit is usually for a period of two to three days during which the Reviewers will meet with College Officers, staff members, and other internal and external stakeholders, conduct a review of facilities. If external organisations, e.g. hospitals or professional organisations have an involvement in the unit, representatives should be invited to meet with the Reviewers.

6. Procedures for the deferral or postponement of a Quality Review

SIIL decided to conduct reviews on a five-year cycle. Programmatic reviews may be carried out on a different cycle periodicity (1-3-5 years). Quality reviews of academic, administrative and service departments and, where appropriate, thematic reviews of institution-wide issues may be undertaken as part of the regular cycle of reviews. The scheduling of reviews is organised with a view to the timeframe of five years. Under certain circumstances, however, a decision to defer or postpone a scheduled review may be made, in consultation with the Head of the Unit under review.

a). Procedure for the deferral of a Quality Review

The decision to defer a Quality Review occurs at the planning phase i.e. before preparation for the review commences. It is an agreed, planned event made in consultation with stakeholders.

Circumstances under which a decision to defer a scheduled review may be made include:

- Where the unit has a planned review by an external body occurring in the same period e.g. a professional statutory body or funding body wishes to optimise

resources and preparation for both review processes. The Quality Assurance Office generally seeks to accommodate such requests.

- Where the unit is participating in a thematic review that fulfils the requirement of a quality review.
- Where the Unit is impacted by SIII-level strategic initiatives.

b). Procedure for postponement of Quality Review

The postponement to a later date of a quality review, once the preparation for a review has commenced, is an unplanned event that carries with it a degree of risk including:

- The inability to reconstitute the selected review team at a later date.
- Financial cost to SIII.

Circumstances under which a decision to postpone a quality (online) review visit may be made include:

- Withdrawal of a member (s) of the review team that would hinder the conduct of the review. In general, the minimum number of reviewers that a review can proceed with is two, but this may vary depending on the scope of the review and the size of the unit under review. If a reviewer gives sufficient notice (i.e. greater than 3 months) that they are withdrawing from a review, the Quality Assurance Office will attempt to source an alternate reviewer. If insufficient notice is given, a decision to proceed will be taken on the basis that the subject matter expertise of the remaining review team members cover the scope of the review. The decision will be made by the Quality Assurance Office in consultation with relevant stakeholders.
- The Self- Assessment Report (SAR) is not fit for purpose, in that, it lacks:
 - a. evidence of critical reflection
 - b. objectivity
 - c. a quality focus i.e. it does not address quality key systems or processes, lacks sufficient data to support the conduct of a quality review or a performance-focus;
 - d. evidence of consultation with internal college stakeholders.

The risk of a SAR not being fit for purpose is minimised if the unit under review adheres to the relevant review procedures which set out expectations on the approach to the SAR and data to be contained within the SAR and appendices. The approved procedures reflect the required elements of the national legislative framework and no element can be excluded without consultation and approval from the Quality Assurance Office.

The customised timeline provided to each Unit by the Quality Assurance Office includes a number of opportunities whereby the Unit can avail of feedback on the SAR - the initial draft, the draft for proofreading and the final SAR and appendices.

The decision to postpone a review due to the SAR not being fit-for-purpose will occur no later than six weeks from the review date and preferably before this time. The

decision to postpone a review will be taken by the Quality Assurance Office in consultation with relevant stakeholders.

7. Follow-up process

The Reviewers will submit a draft report to the Quality Assurance Office within three weeks of the (online) site visit.

The Quality Assurance Office will forward a copy of the draft report to the relevant SIIIL Officer/s and the Head of the unit under review, who will communicate their response to the Quality Assurance Office within two weeks. (Refer to Table 1 for a list of relevant SIIIL Officers by review type).

The Quality Assurance Office will communicate any factual accuracy comments to the reviewers, and will request that a final report be submitted within three weeks.

Upon receipt of the final report, the Head of the unit under review and the relevant SIIIL Officer/s (refer to Table 1) are asked to prepare individual responses to the Review report, which should ideally be no longer than 3-4 A4 pages. The response should not address the recommendations individually, as this is the purpose of the Implementation Plan.

The Reviewers' report will be considered in the first instance by the Quality Assurance Office along with the response from the unit head and the response from the relevant SIIIL Officer/s (refer to Table 1). The unit head will be invited to attend the Quality Assurance Office meeting for these discussions.

Following Quality Assurance Office approval, the review report and the responses from the unit head and the relevant SIIIL Officer will be forwarded to the Academic Council and/or Shareholders Board for consideration. The Academic Director will draw the Council or Board's attention to any SIIIL-specific recommendations for action.

Following approval by the relevant body, the Reviewers' report and the responses will be published in full on the Quality Assurance Office website.

Following approval of the Reviewers' report, the head of the unit under review will be asked to develop an Implementation Plan (IP) in consultation with the relevant SIIIL Officer. This IP will address all of the recommendations arising from the review process and will be submitted to the Quality Assurance Office in the first instance and from there to the Academic Council for approval by the relevant SIIIL Officer (Refer to Table 1). The Head of the Unit will only attend the Quality Assurance Office meeting if there are issues that they wish to draw the Academic Council's attention to. The Implementation Plan should be signed off by both the unit head and the relevant SIIIL Officer/s (Refer to Table 1).

Within twelve months of the Academic Council approval of the Implementation Plan, a Progress Report will be submitted to Quality Assurance Office, and then to the Academic Council depending on the review type.

VI RESPONSIBILITY

Responsibility for this procedure lies with the Quality Officer.

VII RELATED DOCUMENTS

[Programme Review Procedures](#)

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