



ΠΑΝΕΠΙΣΤΗΜΙΟ ΠΕΙΡΑΙΩΣ
UNIVERSITY OF PIRAEUS

Quality Assurance Unit (QAU)

**Certification of
the Internal Quality Assurance System (IQAS)**

**E3.2 Updated Quality Manual of the ESDS (includes the
organisational structure of the PMO - description
jobs, responsibilities, qualifications)**



Updated Quality Procedures Manual of the University of Piraeus

June 2024

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Terminology	
Academic certification	External evaluation process, based on specific, predefined, internationally accepted and, in advance, publicly disclosed, quantitative and qualitative criteria and indicators, harmonised with the Principles and European Standards Guidelines for Quality Assurance in the EHEA (European Standards Guidelines 2015).
Review	Process of review and/or overall assessment of the conclusions from the operation of the processes and procedures of a system.
Procedure	Predefined way of executing processes.
Quality assurance	A systematic and continuous process of monitoring, evaluation and quality improvement.
Process	Set/series of (interdependent) actions to achieve a goal.
Performance indicators	Measurable characteristics that demonstrate the extent to which objectives have been achieved.
Administration	Rectorates.
Corrective action	Action aimed at eliminating the cause of non-compliance with the standard.
Document	Means of providing information e.g. process form, plan, report, template.
Review Committee	A team consisting of the MICS, its Secretary, the Rector and the Vice Rectors of the Foundation.
Quality culture	Shared values and beliefs about quality.
International ranking tables	Tables comparing the performance of an institution based on a set of specific indicators.
Non-compliance (Law 4009/11)	Deviation from the requirements or inability to meet the requirements of the standard.
Integrated National Information System Quality System	Information System of the National Agency for the collection of quality data from Higher Education Institutions Foundations of Greece.
Quality policy	A document reflecting management's commitment to quality.
Quality objective	Desired result in the context of quality policy.

Acronyms	
ENQA	European Association for Quality Assurance in Higher Education
EQAF	European Quality Assurance Forum
EEA	European University Association
KPI	Key Performance Indicator
NTHAE	Quality Assurance and Accreditation Authority for Higher Education
TEI	Higher Education Institutions
ELKE	Special Account for Research Funds
ESDP	Internal Quality Assurance System
MODE	Quality Assurance Unit
OMEA	Internal Evaluation Team
OPESP	Integrated National Quality Information System
IDA	Doctoral Studies Programme
MSC	Postgraduate Studies Programme
WFP	Undergraduate Studies Programme
MA	Curriculum



INTRODUCTION

1. Quality Assurance at the University of Piraeus

The University of Piraeus is responsible for ensuring and continuously improving the quality of its educational and research work, as well as for the effective operation and performance of its services, in accordance with international practices, in particular those of the European Higher Education Area and the principles and guidelines of the HEAE.

The competent body for the administration and management of the internal quality assurance system of the Foundation is the Quality Assurance Unit (QAQU). The PMO is responsible for the organisation, operation and continuous improvement of the QMS, the implementation and coordination of the internal evaluation procedures of the academic and service units, as well as the support of the external evaluation and accreditation procedures, within the framework of the principles, guidelines and directives of the NIFAE.

2. Internal Quality Assurance System : Purpose and scope

The Internal Quality Assurance System (QAS) of the University of Piraeus determines the processes related to the effective organization of all its Services, the utilization and development of the University of Piraeus' human resources, the rational management and utilization of resources and the compliance of the Foundation with the specifications of the Quality Assurance Authority for Higher Education (QAAE). In addition, it defines the responsibility of the Institution's Leadership for the effective implementation of the Quality Assurance System and supports the academic principles of ethics and non-discrimination.

The purpose of the Internal Quality Assurance System (IQAS) is to achieve high quality operation of the Foundation and the continuous improvement of its educational and research work, as well as the effective operation and performance of its services, in accordance with international practices, especially those of the European Higher Education Area.

The specific objectives of the ESDP are:

1. the continuous evaluation and improvement of the services provided and the operation of the Foundation,
2. supporting the leadership and management in the implementation of the Foundation's five-year strategy,
3. the use of data to assess the extent to which its strategic objectives have been achieved,
4. the effectiveness and efficiency of procedures and the establishment of good practices.

The scope of the NQF is quality assurance in academic units, administrative services and human resources of the Institution.

The following key quality management procedures are implemented on an ongoing basis:



1. Quality assurance processes, used in the international academic community, related to providing excellent education and ensuring high quality research.
2. Ensuring quality through the recruitment of high quality academic, research and administrative staff.
3. Continuous motivation and support of students in deepening their knowledge in cutting-edge areas and in acquiring skills in modern scientific fields.
4. Documentation of the quality system, including quality policy definitions and systematic monitoring of performance indicators.
5. Evaluation of research, training and social interaction, as well as management and support services.
6. Internal evaluation.
7. Internal controls.

3. Quality Manual

The Quality Manual is an official document of the Quality Manual and is used as a guide for its implementation. It is composed of modules of tasks, **called** tasks, designed to fulfil the requirements of the relevant NIFAE quality standard. The processes take into account elements, called input data, necessary for the operation of the process. The results of the process are called output data. Each process is internally evaluated both in terms of its own functionality and its effectiveness (i.e. whether it produces sufficient results to justify its existence).

The procedure is the way the process is implemented. A process has a beginning, an end and stages or steps. Procedures include steps that must be followed in order for the expected outcome of the process to occur. A more detailed description of the steps of the processes may also be provided by means of relevant working instructions, which are listed in the Annex to the Manual. The documentation of the processes is achieved by means of the necessary documents and forms (also listed in the Annex).

4. General Requirements of the ESDS Certification Standard (summary)

The ESMS Certification Standard includes requirements that the Foundation must fulfil in order to obtain certification for the operation of its Internal Quality Assurance System. The requirements of the standard are summarised below.

4.1 The Foundation's Quality Assurance Policy

The Foundation's quality assurance policy is part of its strategic planning. The policy is developed and specified in the Foundation's areas of activity, made public and implemented by all stakeholders.



4.2 Allocation and management of the necessary resources

The Foundation should have sufficient funding to meet the needs of teaching, learning, research and academic activities in general. It should have sufficient infrastructure and services for teaching and research, on the one hand, and facilitate direct access to them by establishing internal rules (e.g. classrooms, laboratories, libraries, networks, student services, career services, social policy, etc.)

4.3 Setting quality assurance objectives

The Foundation shall establish clear and defined objectives to ensure and continuously improve the quality of the curricula, research and innovation activities, and scientific and administrative services provided. The objectives shall be quantitative and qualitative and shall be derived from the Foundation's strategy.

4.4 Structure, organisation and operation of the ESRB

The Foundation establishes and organises its internal quality assurance system, which includes processes and procedures corresponding to all academic activities and functions. In particular, it focuses on the quality of learning and teaching - including the learning environment - research, innovation and management.

4.5 Internal evaluation

The ESMS includes procedures that provide for the annual internal evaluation of the academic and administrative activities of the institution, identify errors or gaps and make corrections in order to achieve the objectives set, with the expected result of improving quality.

4.6 Quality data collection: measurement, analysis and improvement

The Foundation is fully responsible for the collection, analysis and use of information in a uniform, functional and easily accessible manner, in order to effectively manage the quality data of educational, research and other academic activities, as well as administrative data.

4.7 Disclosure of information

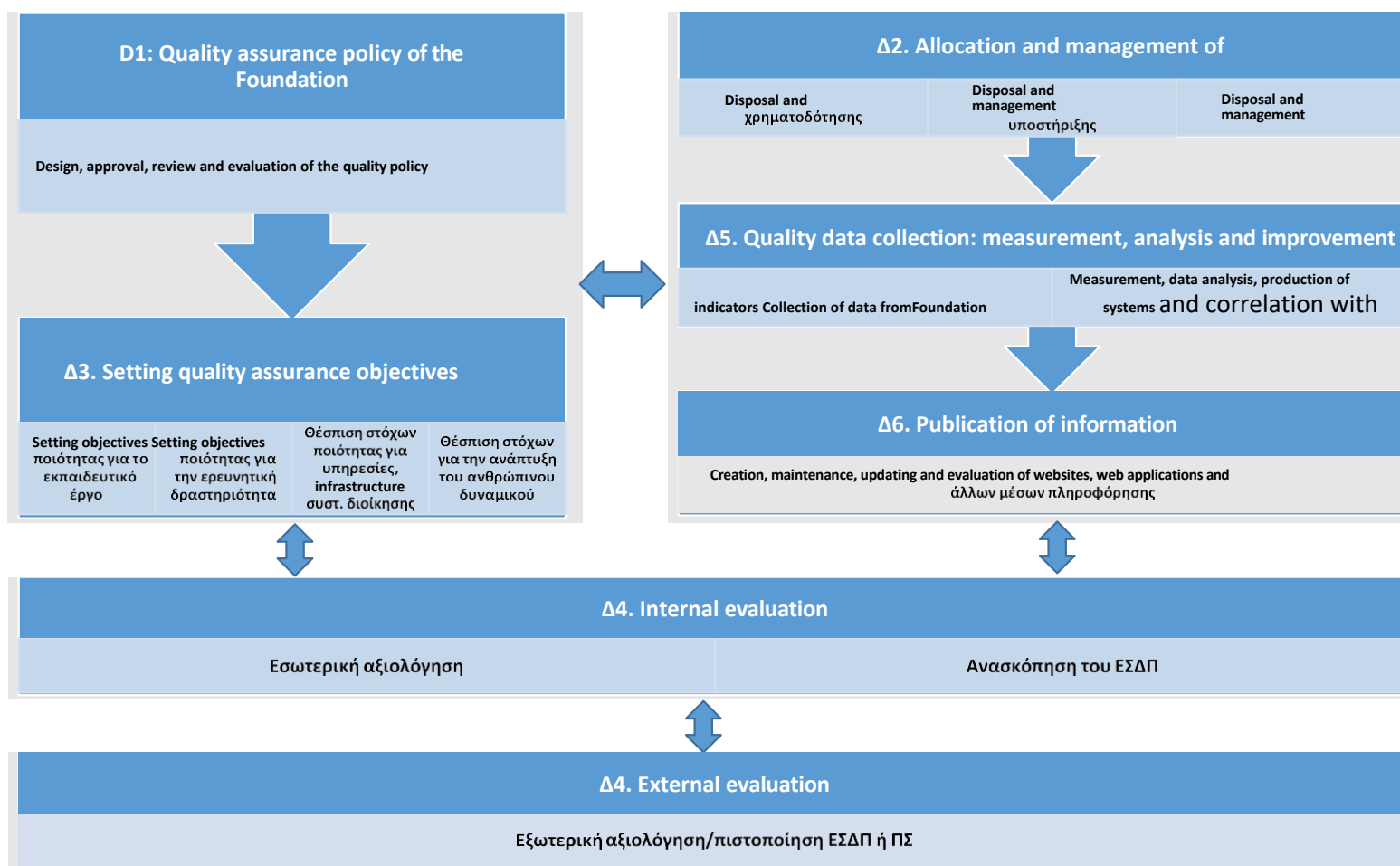
The Foundation makes its educational and academic activities public in a direct and accessible way. The relevant information shall be up-to-date and presented in an objective and clear manner.

4.8 External evaluation and certification of the ESMS

The Foundation undergoes periodic external evaluation by expert committees appointed by the NIFAE, in order to certify their Internal Quality Assurance Systems (IQAS). The periodicity of the external evaluation shall be determined by the ERCEA.



5. Identification and interaction of ESDS processes





6. Quality Policy

"The University of Piraeus recognizes Quality as the main means for achieving high quality academic and research work. The University's culture of quality is manifested in the commitment of its staff and students to this end. Staff and students work and collaborate in accordance with the values and objectives of the University and embrace the University's Vision, Mission and Strategy. They adopt common policies, recognise good practice and participate in continuous improvement processes."

6.1 Quality Statement of the University of Piraeus

The University of Piraeus is committed to ensuring quality in all its policies and activities. It is also committed to providing quality education and research programmes and useful services to serve the needs of the academic community and society. To do this, the University offers people-centred, modern, accessible, equitable and inclusive education based on international quality standards.

6.2 Quality Policy of the Foundation

The University of Piraeus applies a Quality Policy with the aim of continuously improving all of its Study Programmes, research activity and administrative services, in order to upgrade the academic and administrative work, as well as its general operation.

The Foundation's Quality Policy aims to achieve its Vision, as set out in the Foundation's five-year Strategy. An integral part of it are the procedures for providing excellent education and ensuring high quality research. All members of the academic community of the Foundation, on the basis of the timeless values that the Foundation adopts and stands for, contribute substantially to the effective achievement of the University of Piraeus' goals.

The main objectives of the University are:

- the production, dissemination and application of cutting-edge knowledge, the expansion of its economic, social and technological scientific fields and the continuous adaptation of its curricula to scientific developments and to the needs of society, while adhering to the principles of scientific ethics,
- the provision of a high standard of university education and training to its students,
- the promotion of excellence, the strengthening of human resources and the development of a favourable environment that creates the conditions for students, academic and administrative staff to succeed,
- strengthening research and innovation, contributing to the construction and development of the European Higher Education and Research Area, and to a stronger link between applied research and production,
- extroversion and internationalisation by expanding and intensifying international networking and strategic partnerships with academic and other institutions, by shaping developments in European and international academia; and



actively participating in the efforts of the international community for development and prosperity, University of Piraeus Quality Policy,

- the upgrading and expansion of infrastructure and services in order to achieve a sound logistical environment and the more efficient operation of the Foundation,
- improving the link to the labour market through education based on competences and skills, cutting-edge science, ethical and responsible practices, and creating an environment that inspires the business community, thus helping the country to realise its potential,
- strengthening the link with the local community and enhancing the social impact of the Foundation's action, through the development of synergies for the continuous improvement of the education and research provided, as well as through the adoption and promotion of the objectives of sustainable development and social cohesion,
- Quality Assurance and Continuous Improvement of the Foundation.

Quality Assurance is based on close cooperation between the academic and administrative units of the University in order to provide high quality services, so that the Foundation can continuously meet the international challenges of educational excellence, as well as the expectations of students, graduates, teaching, research and administrative staff, the University's partners and society.

The University is committed to ensuring that its objectives are achieved by adopting a targeted student-centred academic and research strategy and by developing an effective Internal Quality Assurance System.

Framework of the Foundation's Quality Policy

1. The Foundation operates on the basis of international quality standards.
2. The quality policy is aligned with the strategic and operational objectives of the institution, at the level of academic and administrative functions.
3. All members of the academic community recognise and support the Quality Policy of the Institution
4. An effective and efficient Quality Assurance System, including quality policy, procedures and performance indicators, has been implemented to contribute to the realization of the University's vision and mission.

6.3 Student-centred focus of Quality Policy

The student-centred focus of the University of Piraeus consists of a coherent and complementary grid of approaches which includes:



1. respecting the diversity of students and meeting their diverse educational, social, cultural and economic needs,
2. the development of scientists with values and professionals with critical, analytical, synthetic and creative thinking,
3. the development of skills on the basis of modern educational approaches,
4. enhancing students' active participation in the educational process and improving their academic progress,
5. enhancing the active participation of students in the evaluation process,
8. the strengthening of the institutions of the Professor's Advisor and the Student Advocate, as well as the operation of the Counselling Centre and the care for vulnerable groups of students.

7. Organizational Structure of the MOHIP

The MODIP operates at the level of an independent Department, which reports directly to the Vice Rector for Administrative Affairs, Academic Affairs and Student Affairs. It is structured internally by.

The **Quality Assurance Committee** is established by decision of the Senate and consists of:

- a) the Rector or the competent Vice Rector, to whom the relevant authority has been delegated,
- b) five (5) members of the Teaching Research Staff (D.R.P.) of the U.E.I. of the rank of Professor or Associate Professor,
- c) one (1) representative from each category of members of Laboratory Teaching Staff (L.T.T.P.), Special Teaching Staff (S.T.T.P.) and Special Technical Laboratory Staff (S.T.T.E.P.) of the U.E.I,
- d) one (1) representative of the undergraduate students,
- e) one (1) representative of postgraduate students and doctoral candidates; and
- f) one (1) representative from the Visiting Professors, Visiting Lecturers, Visiting Researchers and Contract Researchers employed at the UAS.

The term of office of the Commission shall be five years. The representatives referred to in points (d) to (f) shall be appointed on an annual basis and shall have the right to vote on matters relating to their capacity. The meetings of the Committee shall be attended, without the right to vote, by the Head of the HODI and the Executive Director of the UAS and until their appointment, the meetings of the Committee shall be attended, without the right to vote, by the Vice President of the HODI and the Executive Director of the UAS. Head of the Department of Studies and Student Affairs for the administrative support of the PMO and one (1) administrative employee for keeping the minutes of the Committee.

The Quality Assurance Service of the **Quality Assurance** Unit of the MOQI is an administrative structure with a specific organizational structure and staffing in order to ensure the best possible handling of the tasks related to the Internal Quality Assurance System (QAIS). It is staffed with administrative personnel of the institution and specialized scientific and technical personnel (external collaborators) and is headed by a permanent or contracted employee of the category of PE/TE.



8. The Responsibilities of the PMOI

The responsibilities of the Quality Assurance Committee are:

- a) the drafting of a proposal for the structure and operation of the Internal Quality Assurance System (E.S.Q.A.S.) and its submission to the Senate for approval and publication in the Government Gazette,
 - b) the development of a policy and strategy to ensure and improve the quality of all types of teaching, research and administrative work offered by the UAS and in particular for the quality of:
 - b) the first, second and third cycle curricula, including foreign language programmes, b) the lifelong learning programmes and in general the quality of the operation of the Centre for Continuing Education and Lifelong Learning (C.E.I.L.L.L.L.L.) of the UAS, bc) the individual academic units of the UAS, Faculties, Departments and Sectors, bd) the quality of the operation of the Special Account for Research Funds of the UAS, (b) the quality of the operation of the Special Research Fund of the University of Athens, as well as of the University Centre for Research and Innovation (URC) and its Research Institutes (RIs); b) the quality of the operation of the individual academic or research units, such as university laboratories, including the services provided by them; bf) the quality of the operation of the administrative services of the University of Athens; bf) the quality of the operation of the administrative services of the University of Athens,
 - c) the updating of the N.S.D.P., at least every five (5) years, with the aim of its continuous improvement, in accordance with developments in the European Higher Education Area, international practices and the guidelines of the HEA,
 - d) the preparation of the Quality Manual of the H.S.D.P. and its submission for approval to the Senate of the A.E.I.,
 - (e) the periodic internal evaluation and review of the E.S.D.P.,
 - f) the cooperation with the NTH.A.A.E. for the implementation of its guidelines and instructions within the framework of its competences,
 - g) the preparation of recommendations to the competent administrative bodies of the University of Piraeus on issues related to quality assurance, such as, for example, the participation of the institution in international ranking lists of educational institutions or in international quality assurance organizations and associations,
 - h) supporting the preparation process for the accreditation of academic units with the participation of the members of the NPM during the preparatory information meetings organized by the MO.DI.P. and during the accreditation process (according to the schedule set by the NTH.A.A.E.),
 - i) the organisation of workshops, conferences and general events related to quality assurance,
 - j) informing the members of the OMEA and the academic units, as well as the other staff of the institution, on assessment, accreditation and quality assurance procedures,
 - k) the study of the accreditation reports of the academic units and the preparation of proposals to the competent bodies of the institution regarding quality improvement actions,
 - l) the maintenance of a printed and digital archive with data of internal and external evaluation and accreditation reports of all organisational units of the institution and the N.S.D.P.,
-



m) the exercise of any other responsibility assigned to the Quality Assurance Committee by the Internal Regulations of the UAS.

The President of the EDPS has the following responsibilities:

(a) convene a meeting of the EPC; (b)

draw up the agenda,

c) appoints a member of the PPR as rapporteur for the subjects and introduces the subjects for which it has not appointed a rapporteur,

(d) preside over the work of the EPC,

e) sign the decisions issued and all correspondence between the MOI and other services within or outside the institution,

f) coordinates the process of preparation for the accreditation of academic units, participates in the information meetings and the accreditation process (according to the schedule set by the H.A.A.E.).

The members of the EDPS have the following duties and responsibilities:

(a) attend the meetings of the EPC,

b) make recommendations on matters of the meeting assigned to them by the President of the EDPS,

(c) cooperate with the administrative and scientific staff of the Hellenic Science Directorate on specific issues assigned to them by the President of the Hellenic Science Directorate.

The responsibilities of the PSO are as follows:

(a) the execution of decisions and the secretarial support of the EPC,

(b) making recommendations to the EPC and preparing materials for its decisions,

c) the cooperation with the National Institute of Higher Education and the support of the internal and external evaluation and accreditation procedures of the institution, its individual academic and research units and the first, second and third cycle study programmes, including foreign language study programmes and cooperation programmes, lifelong learning programmes in accordance with Law No. 4653/2020 (A' 12),

(d) the development, management and monitoring of the EWS and in particular the carrying out of the internal evaluation in accordance with the EWS quality manual,

(e) the coordination and support of the processes of the institution and its individual units in the implementation of quality assurance,

f) the coordination and support of the procedures of the individual units of the institution during their accreditation and in particular:

1) is informed by the N.I.A.A.E. about the scheduling of the certification process and informs the respective academic units,

2) shall be informed by NTAAE of the names of the experts who will participate in the certification committee,

3) complete, in cooperation with the academic unit (where appropriate), the programme for the on-site or in-person inspection of the members of the External Evaluation Committee; and



Certification Authority (ACA) and informs the NTH.A.A.E,

4) is in contact with the Certification Committees, whenever deemed necessary by them, throughout the process and during the writing of the certification report,

5) is the recipient of all plans as well as the final certification reports sent by the NTH.A.A.E,

6) prepares and forwards to the N.I.A.A.E. a memorandum with relevant comments - observations on the draft of the N.S.D.P. certification report,

7) is the recipient of the final certification report of the E.S.D.P., which is forwarded to the members of the NDC, the Rector and the members of the Senate and posted on the website of the MO.D.I.P.,

g) the collection and processing of data from all academic and research units, as well as from the administrative services of the institution concerning the implementation of quality assurance of all the activities of the institution,

(h) the publication on the website of the institution of information on the accreditation, internal and external evaluation of the institution and its individual units,

i) the responsibility for the completion of the values of the indicators in the framework of the preparation of the annual report of achievements for the allocation of the annual regular grant of the institution, in accordance with article 16 of Law 4653/2020,

j) the responsibility for the updating of the information system of the MO.D.I.P., as well as the Integrated National Quality Information System (NQIS) of NTUAE with the quality data of the Institution and the development of interoperability with it,

k) regular communication and cooperation with the Internal Evaluation Teams (IEGs) of the academic units in order to implement the E.S.D.P,

l) the study of the accreditation reports of the academic units and the preparation of proposals to the competent bodies of the institution regarding quality improvement actions,

m) the maintenance of a printed and digital archive with data of internal and external evaluation and accreditation reports of all the organisational units of the institution and the N.S.D.P,

n) to ensure the promotion and dissemination of the actions and results of the institution's MOI through publicity actions and other appropriate means,

o) the organisation of information and training activities for the members of the Internal Evaluation Groups (IEGs) and academic units, as well as other staff of the institution, in evaluation, certification and quality assurance procedures,

p) the monitoring and carrying out of controls for the proper implementation of the E.S.D.P,

(g) the carrying out of periodic internal evaluation and review of the EQF in accordance with the procedures and methodology laid down in the quality manual,

ji) the exercise of any other competence specified in the Statutes of the HEI and related to the scope of the MO.D.I.P.

The Head of the HQ signs the documents and correspondence of the HQ that are circulated within and outside the institution.



9. Job description, responsibilities and qualifications

The following job descriptions present the jobs of the Quality Assurance Unit with a full description of the responsibilities envisaged for each of them, as well as the necessary qualifications for their staffing.

JOB TITLE

"Head of the Quality Assurance Unit of the Quality Assurance Unit "

SEND

Oversees the implementation of the Foundation's Internal Quality Assurance System (IQAS) develops improvement techniques and oversees the adherence to administrative procedures, with the aim of increasing the effectiveness and improving the efficiency of the service. Implements and implements the policies and decisions of the Quality Assurance Committee of the QA Committee and of the Institution's Leadership in matters of Quality Development, Improvement and Quality Assurance.

It collaborates with the Rectorial Authorities, the Academic and Administrative Units of the Foundation as well as with the National Authority for Higher Education (NTEAE) for the implementation of the internal and external evaluation and accreditation procedures of the curricula of all three levels (Undergraduate, Postgraduate and Doctoral). Collect, analyse and synthesise the necessary data and information to support the quality assurance processes of the institution and support decision making on organisational, operational and business issues. Using his/her experience and expertise, he/she guides the specialised team of quality assurance consultants in the Service in advising the staff of the Departments and Programmes of Study on issues related to these processes.

MAIN TASKS

- Ensures the functional interconnection of the responsibilities exercised with the quality objectives of the parent Directorate, the instructions of the Foundation's Leadership and the requirements of the institutional framework on quality assurance issues
- Supervises the implementation of the Internal Quality Assurance System (QAS) of the Foundation, controls and evaluates the compliance with the procedures provided for
- He/she acts as Secretary of the Quality Assurance Committee, attends its meetings without voting and keeps the respective minutes



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- Coordinates and supports the external evaluation and accreditation procedures of the curricula of the Departments of the Foundation in collaboration with the National Authority for Higher Education (NEAE) and the Departments' administrations.
- Guides and encourages employees and partners in the implementation of the Agency's activities
- Allocate the tasks and work to the officials and partners of the Office
- Justify choices, use and describe appropriate methods of data collection and processing
- Supervises and participates in the preparation of studies, reports and special evaluation reports concerning the quality assurance procedures of the Foundation
- Collect, manage and analyse the data and information that are inputs to the above studies and reports
- Supports the Leadership and the administrations of the Academic Units of the Foundation in making decisions for planning, strategic planning of policies and actions for quality assurance
- Taking initiatives to improve the functioning of the Agency
- Evaluate staff in accordance with the current institutional framework.
- Represent the Agency where necessary.

ESSENTIAL QUALIFICATIONS

(in accordance with the provisions of Decree 85/2022 (A' 232) and/or the relevant organic provisions)

- University degree (in the field of Humanities or Education or Economic Sciences or Science)
- A postgraduate degree with relevance to Education Administration, or Quality Assessment and Assurance, or Economic and Social Sciences, or Education Sciences
- Significant administrative work experience in a higher education institution
- Administrative experience in positions and services related to Quality Assurance in Higher Education
- Good Knowledge of English Language
- Knowledge of computer operation



COMPETENCIES/SKILLS	KNOWL
<ul style="list-style-type: none">• have administrative and organisational skills• analyses and synthesises objectively and reliably• demonstrates a cooperative/team spirit• have the ability to solve problems and the ability to be flexible and negotiate• has the ability to respond to tight deadlines• It is characterised by professionalism and determination.• has leadership skills	<ul style="list-style-type: none">• knowledge of quantitative and qualitative analysis and research• knowledge of national and European policy analysis• knowledge of the legislation in force as regards matters relating to the responsibilities of the department to which he or she belongs• knowledge of evaluation techniques• knowledge of risk and crisis analysis techniques

Job Title: ADMINISTRATIVE AND TECHNICAL SUPPORT OFFICER FOR THE QUALITY ASSURANCE SERVICE OF THE MDP.

SEND
<p>Operates within the administrative process and carries out in the Quality Assurance Service of the Quality Assurance Unit, part or all of the administrative tasks under the guidance of the Head of the Quality Assurance Unit and the Head of Administrative Support in order to ensure the smooth and effective operation of the Unit</p> <p>service and the provision of high quality services to the recipients (President and members of the Quality Assurance Committee of the Quality Assurance Committee, members of the Departmental Quality Assurance Committee, members of the Departmental Committee, faculty members, members of the QQA Committee, members of the QA Committee, administrative staff and students). Contribute to the proper functioning of the service and the execution of its activities by providing support on organisational and operational issues.</p>



MAIN TASKS

- Recommends and drafts administrative documents related to the responsibilities of the Quality Assurance Unit, applying the applicable legislation and the requirements of the Internal Quality Assurance System (QAS) of the Foundation.
- It collaborates with the members of the OMEA, the Department Chairs, the Directors of the MSc programmes and the competent staff of the administrative services of the Institution for the collection of data, documentation and data relating to the obligations arising from the ESDP and the requirements of the NRLAE
- Distributes by electronic mail, circulars, instructions, updates of the MOHIP, the HEAE and the Central Administration
- Provides administrative and technical support for the internal and external evaluation procedures of the Foundation's curricula.
- Collaborates with the Head of the HQM and the other staff members of the service to organize information events, training activities and working meetings with the academic community.
- Propose ways to improve the efficiency and effectiveness of the operation and organization of the Quality Assurance Service of the Quality Assurance Unit of the HQA
- Maintains, updates and archives the documents and files of the Office, both paper and electronic.
- Contribute to the collection and processing of data for the compilation of the Performance Report and the Annual Internal Evaluation Reports of the ESRB

ESSENTIAL QUALIFICATIONS

- Bachelor's degree in Economics or Business Administration
- Significant Administrative Work Experience in a Higher Education Institution
- Good Knowledge of English Language
- Knowledge of computer operation and MS Office

Skills - Capabilities

1. have administrative and organisational skills
2. Operate a computer and any special applications or office automation

Knowle

1. Knowledge of the current legislation in relation to quality assurance procedures in Higher Education



- | | |
|--|---|
| <ul style="list-style-type: none">3. Demonstrate a positive spirit coping with daily work activity.
Analyse and synthesise quality data4. objectively and reliably
Have the ability to develop a spirit of constructive teamwork5. Demonstrate problem-solving skills and the ability to flexibility and negotiation6. Respond satisfactorily to strict deadlines
Communicate with7. efficiency courtesy and service-mindedness with the recipients of its8. services
service
Have a sense of responsibility, diligence and a willingness to cooperate9. | <ul style="list-style-type: none">2. Knowledge of the content and requirements for the preparation of the Foundation's Performance Report3. Knowledge of the Regulatory Framework of the Foundation4. Distinguish the assessment requirements of the curricula based on the different accreditation standard that will Applies to5. Identify elements and points that require improvements in the the files for the accreditation of curricula submitted to the NTHEAE |
|--|---|



Job Title: Information Technology Officer of the Quality Assurance Service of the Quality Assurance Unit of the Quality Assurance Unit

SEND

It offers technical support for the effective troubleshooting of problems related to the smooth operation of hardware and software on computers by users.

MAIN TASKS

- To contribute to the upgrade of the electronic questionnaire platform that are used in the assessment of the courses of the Foundation's Study Programmes by the students,
- To help speed up the creation of electronic questionnaires,
- To monitor, manage and support the new information system of the PMOI, which will be interfaced with the information system (OPEPSP) of the NIFAE,
- To monitor and contribute to the proper operation of the reports.modip.gr system of the MOHIP, and will cooperate with the competent members of the Foundation's OMEAs for its proper operation,
- To collaborate with the IT staff of the NIFAE for the integration of technical instructions and changes in the Information System of the PACEI MOPI and in the data flow and data to the NCAE
- To provide technical support, where required and requested, to the external evaluation and accreditation procedures of the Foundation's distance learning programmes
- To collaborate effectively with the academic and administrative staff of the departments of the Institution on issues related to the use of IT tools in the procedures quality assurance



ESSENTIAL QUALIFICATIONS

- Degree in the field of Computer Science
- At least two years of work experience in web applications, software and databases
- Postgraduate Studies in Computer Science
- Good Knowledge of English Language

Skills - Competences	Knowledge
<ul style="list-style-type: none">• Be fluent in software and computer applications.• To monitor the implementation and use of the Information System of the MOHIP• Use e-mail.• Have the ability to solve problems• Have the ability to respond to tight deadlines• Demonstrate a cooperative / team spirit• Solve problems and have the ability to be flexible• Use web applications and understand how to use them their operation.• Possess communication skills in order to ensure the most effective cooperation with users.	<ul style="list-style-type: none">• Knowledge of software applications for simple hardware and software maintenance work.• Knowledge of installation techniques and activation of computer equipment in accordance with the manufacturer's user manuals and instructions• Knowledge of system maps to support and user manuals.• Recognise the marking languages and programming web applications and understand their use.

10. Responsibility of the Management

The effective implementation of the NQF requires a clear commitment to quality by the management of the Foundation. The management of the Foundation must contribute:

1. monitoring the implementation of the quality objectives and the overall functioning of the ESMS through annual reviews,
2. the harmonisation of the quality policy with the overall strategic objectives of the Foundation at the level of academic and administrative functions,
3. the dissemination/communication of the quality policy to all staff (academic and administrative), as well as to all administrative levels, through



regular information meetings of the heads of academic units, the exchange of views on ESMS issues, the participation of students and staff, the discussion of possible improvements or techniques used, etc,

4. ensuring the resources for the implementation of the quality policy and the operation of the EMS,
5. in making decisions for the continuous improvement of the quality of the educational, research and administrative work of the Foundation during the review of the ESDP,
6. the development of an appropriate operating environment for the Quality Assurance Unit (QAQU), its staffing with sufficient and highly qualified personnel, as well as its systematic training and evaluation.



OPERATION 1: Quality Assurance Policy of the Foundation

1.1 Process object

The Foundation's Quality Policy aims to achieve its Vision, as defined in the Foundation's Strategy. An integral part of this are the procedures for providing excellent education and ensuring high quality research. All members of the academic community of the Foundation, on the basis of the timeless values that the Foundation adopts and stands for, contribute substantially to the effective achievement of the University of Piraeus' goals.

The successful implementation and management of the quality policy is expected to produce the following results:

1. Enhancing the prestige and international recognition of all the Foundation's degrees
2. Enhancing the quality of academic activities, with the aim of improving the educational process and the active participation and performance of students
3. Provide high quality higher education and contribute to lifelong learning with modern teaching methods, including distance learning, based on scientific and technological research at the highest level of quality, in accordance with internationally recognised criteria
4. Promotion of extroversion and cooperation with academic, research, social and other institutions for the development of the Foundation and society
5. Improvement of the competitive position of the Foundation, in relation to other similar institutions in Greece and abroad
6. Enhancing the quality and quantity of the Foundation's research activities
7. Strengthening the culture of quality within the Foundation.

1.2 Process input data

1. The Foundation's Strategy
2. The latest external evaluation report of the Foundation
3. The latest external evaluation reports of the Foundation's Departments
4. The certification reports of the Foundation's CAs
5. The Foundation's ESMS certification report
6. The decisions of the Senate of the Foundation regarding quality assurance



7. Relevant standards and guidelines of the NIFAE for quality assurance, as well as relevant standards and guidelines of European quality assurance bodies and agencies (ENQA, EUA, EQAF, etc.)

1.3 Process output data

The Foundation's quality policy.

1.4 Management of the process

Process 1.1: Design, approval, review and evaluation of the quality policy.

1.5 Process efficiency indicators

1. Number of accredited MSc / MSc / EPDs
2. Percentage of data fields filled in the O.P.E.S.P.
3. Percentage of students participating in the evaluation
4. Percentage of administrative staff in the PIU
5. Number of suggestions for improvement actions (based on student evaluation results)
6. Annual number of meetings of members of the MOHEP and OMEA
7. Percentage of administrative staff in the PIU
8. Degree of overall student satisfaction

1.6 Process control methods

1. Through the Management Review of the ESDP
2. Through the internal evaluation of the ESRB
3. Through the measurement of process efficiency indicators

1.7 Process improvement actions

1. Feedback to the quality policy from possible improvements to the NQF
2. Feedback from possible revisions of the Foundation's strategy
3. Feedback on the quality policy from the results of the NQF review



1.8 Process procedures

Process 1.1: Design, approval, review and evaluation of the quality policy

Steps:

1. The Foundation's Quality Management Committee meets to develop the Foundation's quality policy. The policy document is drafted based on the process input data, i.e:
 - a. the strategy of the Foundation,
 - b. the latest external evaluation report of the Foundation,
 - c. the latest external evaluation reports of the Foundation's departments; d. the accreditation reports of the Foundation's CAs,
 - e. the accreditation report of the Foundation's ESMS,
 - f. the decisions of the Senate of the Foundation regarding quality assurance,
 - g. relevant standards and guidelines of the NIFAE for quality assurance, as well as relevant standards and guidelines of European quality assurance bodies and agencies (ENQA, EUA, EQAF, etc.).
2. The PMOIP forwards its recommendation to the competent Decision Making Bodies of the Institution according to Law 4957/2022.
3. The competent decision-making bodies
 - study the recommendation and,
 - at their meeting, the final text of the Foundation's Quality Policy is decided and approved (a final decision is issued).
4. Forward the final decision to all parties involved in the implementation of the Foundation's quality policy.
5. Posting of the Quality Policy on the Foundation's website.
6. At the beginning of each academic year the Quality Policy of the Institution is audited and evaluated. The Quality Policy's indicators of effectiveness are comparatively studied by the PMOI, which are the following:
 - Many improvements achieved in the operation of the Foundation, in the context of the implementation of the quality policy
 - Percentage of MAs updated
 - Number of accredited MQFs/MEPs/DEFs
 - Percentage of students participating in the evaluation
 - Annual number of meetings of members of the MOHIP and OMEA
 - Change in the Foundation's position in international ranking tables
7. It prepares a report, which presents the progress of the indicators per academic year and draws relevant conclusions, which it forwards to the competent Decision-Making Bodies of the Institution.



8. The Quality Policy Evaluation Report is posted on the Foundation's website
9. In case it is deemed appropriate, a revision of the Foundation's Quality Policy is carried out, which is necessary in the following cases (indicative):
 - α. The results of the annual evaluation
 - b. suggestions for improvement from the PMO, resulting from the internal evaluation of the ESDP, as to any discrepancies, problems or areas for improvement,
 - c. revision of the Foundation's strategy; d. changes in the current institutional framework,
 - e. adapting on the basis of updated guidance and decisions of the NCAE,
 - f. feedback from members of the academic community and students of the Institution,
 - g. feedback from social, productive and cultural stakeholders.
10. In each of the above cases, the Foundation's PMOI meets and prepares a relevant recommendation to the competent Decision-Making Bodies of the Foundation, proposing the revision of its Quality Policy.

The procedure followed for the revision of the Quality Policy, as far as its administrative part is concerned, is the same as described in the design of the Quality Policy (steps 1-5).

- The Foundation's website is updated with the content of the revision of its Quality Policy.
- The procedure followed for the evaluation of the Quality Policy, as far as its administrative part is concerned, is the same as that included in the design of the Quality Policy.
- The result of the evaluation of the Foundation's Quality Policy is posted on its website.

Parties involved:

Administration, the Management Board, the Senate, students, academic and administrative staff, social, productive and cultural institutions.

Timeline:

The Foundation's Quality Policy is designed and approved once. It is reviewed whenever deemed necessary by the Management. It is evaluated by the PMO on an annual basis.

Related documents:

- Strategy of the Foundation
- External evaluation report of the Foundation
- External evaluation reports of the departments of the Foundation
- Certification reports of the Foundation's CAs



- Certification report of the Foundation's ESMS
- Decisions of the Senate of the Foundation regarding quality assurance
- Standards and guidelines of the NIFAE for quality assurance, as well as standards and guidelines of European quality assurance bodies and agencies (ENQA, EUA, EQAF, etc.)
- Recommendations of the PMOs for the Quality Policy of the Institution (based on the study of the process input data)
- Indicator progress reports

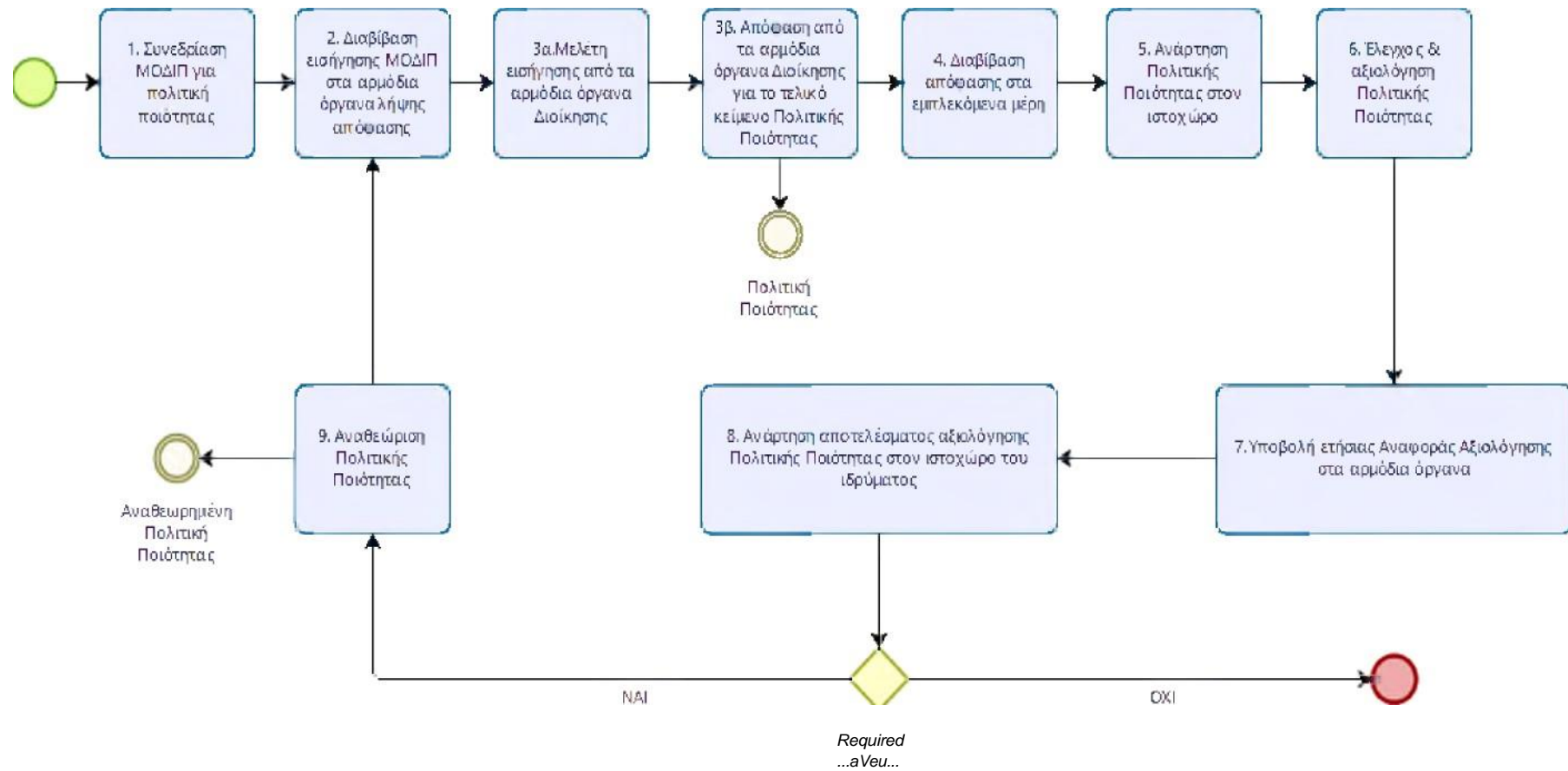


Figure 1. 1 Process 1.1



OPERATION 2. Resource allocation and management

2.1 Process object

The objective of the process is to create an appropriate environment for the achievement of the Foundation's objectives in terms of ensuring the provision of the necessary resources in terms of staff, funding, infrastructure and equipment, in order to operate and maintain the implemented ESMS, but also to continuously improve its operational capacity, effectiveness and efficiency.

The Foundation shall ensure the necessary funding, the required logistical infrastructure, the appropriate working environment and the development of its human resources to meet the needs for the effective execution of the system's processes.

2.2 Process input data

1. Data on financial operation, logistical infrastructure, services, human resources - from the IPESP or other information systems of the institution - and corresponding indicators
2. Updated mapping of needs for educational and research activities, as well as the needs for the operation of administrative services
3. Senate decisions on the implementation of financial strategy, human resources, infrastructure and services management strategy, etc.
4. Criteria framework for the allocation of funding (e.g. allocation of regular grant, allocation of ERC reserves, etc.)
5. Proposals for annual financial planning for regular grants, reserves of the National Research Council, etc.
6. Recommendations for the utilization, upgrading and maintenance of infrastructure and services, based on identified needs
7. Recommendations for the allocation of human resources to academic and service units, based on identified needs and in accordance with the provisions of the Foundation's Statutes
8. Recommendations for recruitment, skills development and staff appraisal, based on identified needs
9. Quality assurance objectives for the allocation and management of resources (see. Process 3)

2.3 Process output data

1. Financial statements and justification of deviations from programming, as well as the possibility of insufficient coverage of needs (regular budget, public investment programme, EDF, etc.)



2. Suggestions for improvements to achieve additional funding, better use of existing funding, improve the allocation process, efficiency of financial management systems, etc.
3. Reports on the degree of coverage of the Foundation's needs in terms of infrastructure and services, justification of deviations from the needs identified
4. Improvement proposals to achieve a higher degree of coverage of infrastructure and service needs
5. Reports on the current distribution of staff by academic and service unit of the institution (administration, teaching, research). The reports may be supported by histograms of staff time, individual and total (by department, staff category, etc.)
6. Assigning responsibilities to staff, depending on the outcome of their evaluation
7. Decisions on performance rewards, incentives, etc.

2.4 Management of the process

Process 2.1: Allocation and management of funding

Process 2.2: Provision and management of infrastructure and services

Process 2.3: Allocation and management of human resources

2.5 Process efficiency indicators

- Percentage Expendituredevelopment network Libraries on of Regular Budget
- Infrastructure maintenance expenditure as a percentage of the Ordinary Budget
- Expenditure on support actions/accessibility projects for people with disabilities as a proportion of the Regular Budget
- Average annual number of rooms per MCC per year
- Percentage of security and safety expenditure as a percentage of the Ordinary Budget
- Percentage of fed students in the total number of applicants
- Percentage of housed students in total applicants
- Upgraded website of the Foundation (level of interoperability) / number of new applications hosted
- Percentage Expendituredevelopment digital infrastructure on of Regular Budget
- Percentage Expendituredevelopment digital services on of Regular Budget
- Number of digital titles acquired by the Library



- Numerous Library partnerships for interfacing with platforms and digital libraries and journals
- Crowd Politicians security (codes access codes, email, telecommuting, internet usage, data, etc.)
- Percentage of total public funding in total funding
- Percentage of Funding from ELKE as a percentage of the Regular Budget
- Percentage of NSRF funding of projects in relation to external funding
- Percentage of European Union (EU) funding of projects out of external funding
- Percentage Funding projects from international international organisations on external funding
- Percentage of projects financed by national public bodies as a percentage of external funding
- Percentage of external financing in total financing
- Annual reduction in energy consumption
- Tonnes of material recycled annually e.g. toner, aluminium, PCs
- Degree of student satisfaction with the infrastructure and services of the Institution
- Average annual rate of recruitment of administrative staff
- Average annual percentage of contracted administrative staff
- Average annual number of undergraduate students per Departmental Secretary
- Number of trainings/training leaves for administrative staff

2.6 Process control methods

- Through planned internal audits carried out by the PMO
- Through the analysis of process efficiency indicators
- Through presentations of the evaluation or accreditation results to the institutions of the Institution (Department Chair, Department Assembly, Rector's Authorities, Senate)
- By presenting the results of the process and the analysis of its data during the review of the ESDP

2.7 Process improvement actions

1. Actions to improve process procedures
2. Actions to improve the allocation and management of:
 - a. financing,
 - b. infrastructure and services,



- c. human resources,
3. Revision of the relevant process in the Quality Manual of the Institution

2.8 Process procedures

Process 2.1: Allocation and management of funding

Description:

The competent bodies of the Foundation decide on the allocation or distribution of the financial resources, which come from any source (regular budget, public investment programme, EIF, etc.) and are intended to cover the necessary expenses for the needs of research, education, training, development activities and the administration of the Foundation. Funding shall be managed by the competent departments and bodies, as appropriate, in accordance with the relevant legal framework and the Foundation's internal rules and regulations.

Steps

1. The PMO provides annually (at a specified time) to the competent Management Bodies of the Foundation the financial operation data - from the OPSEP or other information systems of the Foundation - and corresponding indicators.
2. The competent Management Bodies of the Foundation shall draw up an updated inventory of the funding needs for educational and research activities, as well as the funding needs for the operation of the administrative services.
3. The competent Management Bodies of the Foundation, taking into account the above, as well as the financial planning of the Foundation, prepares recommendations for annual financial planning, in relation to the regular budget, ELKE, etc.
4. The competent Decision Making Bodies of the Foundation under Law 4957/2022, the Foundation, taking into account the above, makes a decision on the allocation or allocation of annual funding, in relation to the regular budget, the HFSF, etc.
5. The decision of the Foundation's competent decision-making bodies is published on the Foundation's website.
6. The Financial Services Department is technically processing the decision of the Senate.
7. The IMMS feeds the IPSP with the relevant technically processed data and information for the production of reports and indicators.
8. In the event of exceptional circumstances, the financing needs shall be reviewed by the competent Management Bodies and an updated financial programming proposal shall be drawn up in order for the competent decision-making bodies to take new decisions.

Parties involved:



Administrative Bodies, competent Decision Making Bodies of the Foundation according to Law 4957/2022, Financial Services, ELKE, MOHIP.

Timeline:

The allocation and management of funding is an iterative process, carried out on an annual basis.

Related Documents:

Approved budgets, financial statements (regular budget, public investment programme, PIP, etc.), allocation of funding.

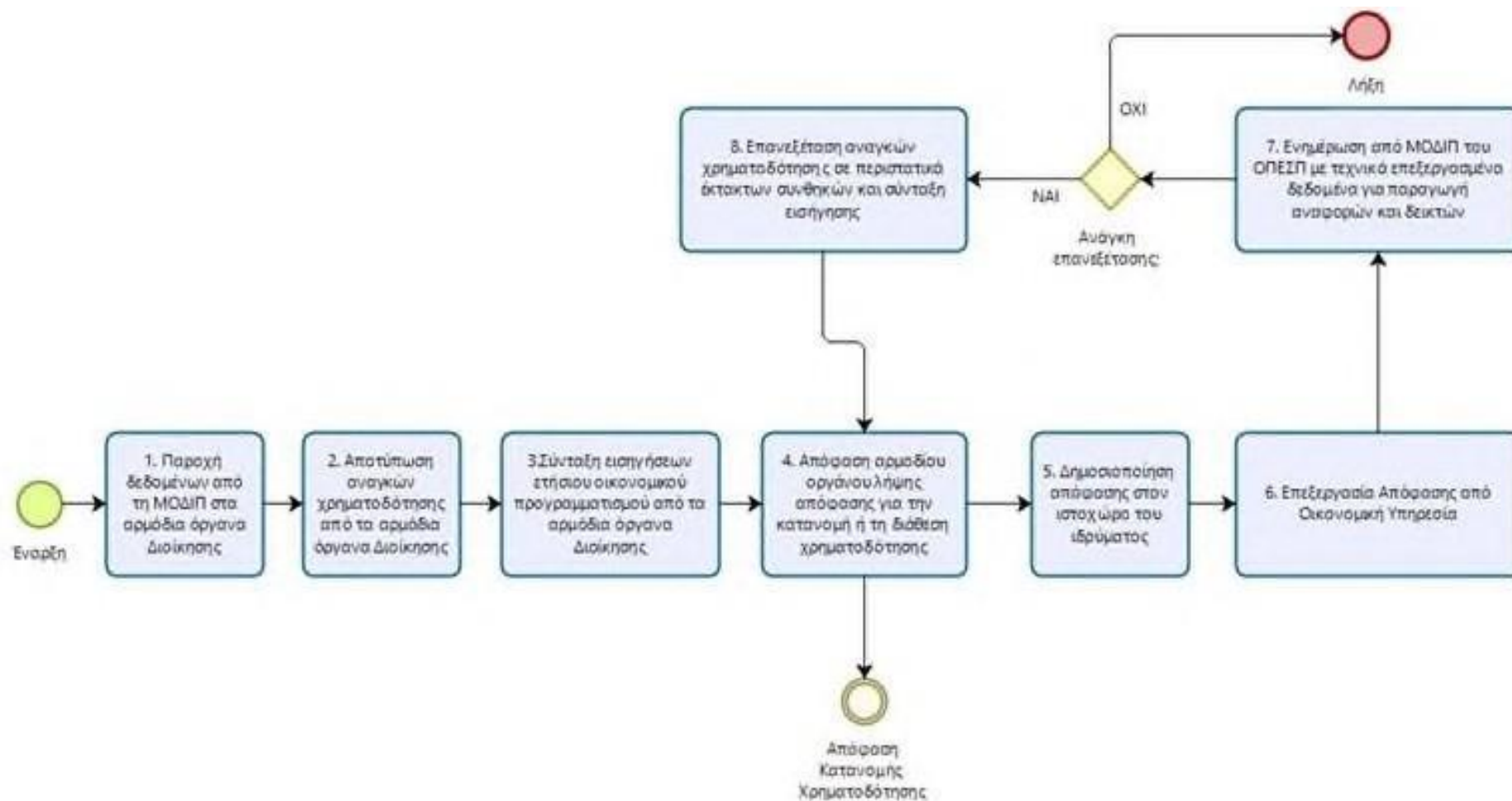


Figure 2. 1 Process 2.1



Process 2.2: Provision and management of infrastructure and support services

Description:

By decisions of the competent bodies of the Foundation and on the basis of a coordinated spatial plan, the allocation or distribution of its infrastructure in general, intended to cover its research, educational, training, development and administrative activities, is carried out. These infrastructures shall be managed by the competent technical or administrative departments on the basis of approved operating and monitoring regulations.

Steps

1. The PMO provides annually (at a specified time) to the competent Management Bodies the data on the operation of infrastructures and services - from the OPSEP or other information systems of the Institution - and corresponding indicators.
2. The competent Management Body of the Foundation invites annually (at a specified time) the academic and service units to submit annual reports on the coverage and support of their activities by existing infrastructures and services, as well as proposals for their completion, elimination, redistribution or upgrading.
3. The competent Management Body of the Foundation records and compiles the inventory of the needs for infrastructure and services for educational and research activities, as well as the operational needs of the administrative services.
4. The competent Management Body of the Foundation, taking into account the above, as well as the Foundation's development strategy, draws up recommendations for their annual completion, abolition, reallocation or upgrading.
5. The competent Decision-Making Bodies of the Foundation, based on Law 4957/2022, taking into account the above, makes a decision on the allocation, redistribution, completion, abolition or upgrading of infrastructure and services.
6. The decision of the Foundation's competent decision-making bodies is published on the Foundation's website.
7. The IMMS feeds the IPSP with the relevant technically processed data and information for the production of reports and indicators
8. In the event of exceptional circumstances, funding needs are reviewed by the competent Management Bodies and an updated proposal for the allocation, redistribution, completion, abolition or upgrading of infrastructure and services is drawn up in order to be reddecided by the competent Decision-Making Bodies.

Parties involved:

Administrative Bodies, competent Decision Making Bodies of the Institution according to Law 4957/2022, technical and administrative services, academic units, PMOs.

Timeline:



The allocation, reallocation or upgrading of infrastructure and services is an iterative process, carried out on an annual basis.

Related Documents:

Annual reports on infrastructure and services, the Foundation's development strategy, infrastructure allocation criteria frameworks and operating regulations.

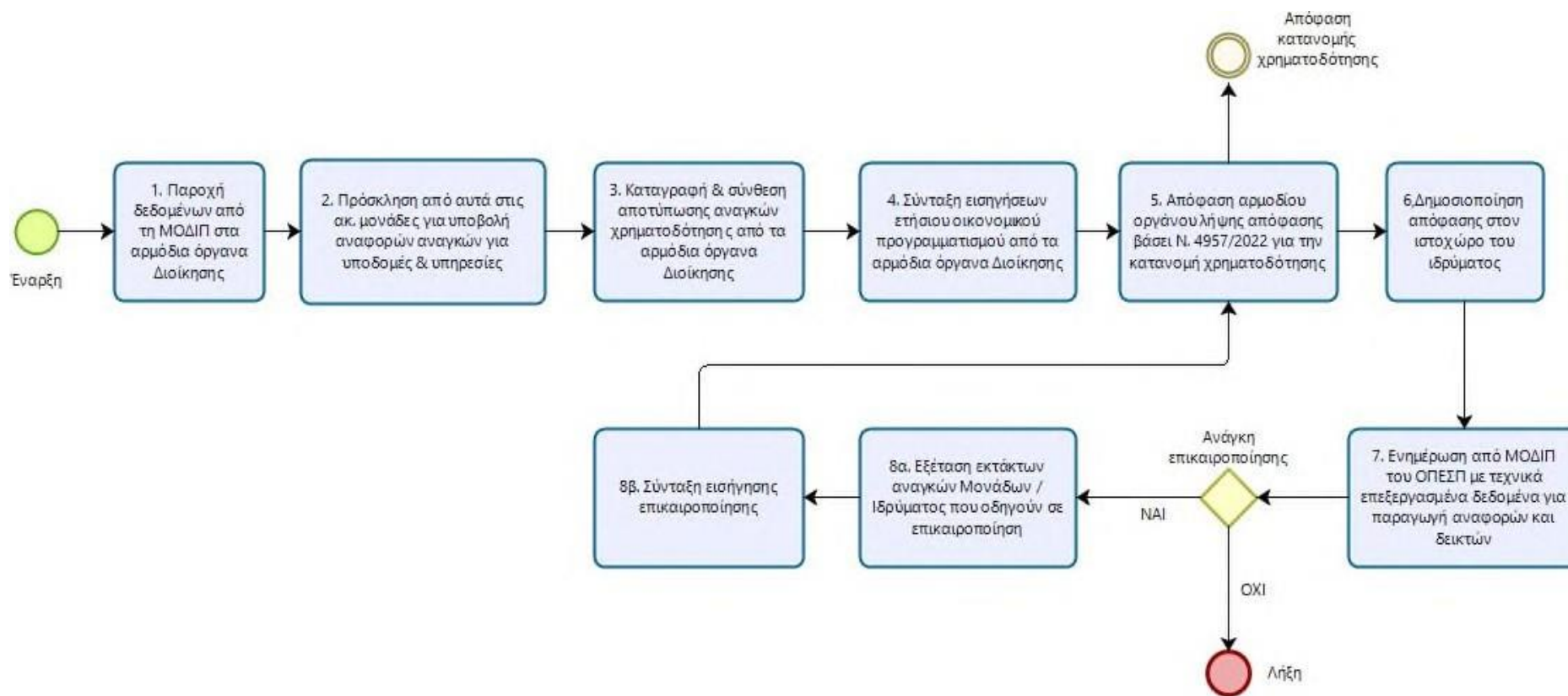


Figure 2. 2 Process 2.2



Process 2.3: Allocation and management of human resources

Description:

The competent bodies of the Foundation shall decide on the allocation and distribution of its human resources, which are intended to cover the needs of its research, educational, training, development and administrative activities. Human resources shall be managed by the competent services and bodies, as appropriate, in accordance with the relevant legal framework and the Foundation's internal regulations.

Steps

1. The HRMD provides annually (at a specified time) to the competent Management Bodies of the Institution the data on the allocation of human resources - from the HRMD or other information systems of the Institution - and the corresponding indicators.
2. The competent Management Body of the Institution invites annually (at a specified time) the academic and service units to submit annual reports on a) the coverage and support of their activities by the existing human resources, as well as proposals for their increase, reduction or redistribution b) the implementation of training activities, participation in mobility and evaluation of human resources, as well as proposals for improving their performance.
3. The competent management bodies of the Foundation record and compile the inventory of human resources needs for educational and research activities, as well as for the operational needs of the administrative services.
4. The competent Management Body of the Foundation, taking into account the above, as well as the Foundation's strategy for human resources development, prepares recommendations for a) increasing, reducing or redistributing them in academic and service units b) measures that will support the improvement of performance and development.
5. The competent Decision-Making Bodies of the Foundation, based on Law 4957/2022, having taken into account the above, takes a decision on a) increase, reduction or redistribution of human resources in academic and service units b) measures that will support the improvement of performance and the development of human resources.
6. The decision of the Foundation's competent decision-making bodies is published on the Foundation's website.
7. The IMMS feeds the IPSP with the relevant technically processed data and information for the production of reports and indicators
8. In the event of exceptional circumstances, funding needs are reviewed by the relevant Management Bodies and an updated recommendation is made for a) an increase, reduction or redistribution of human resources in academic and service units b) measures to support the improvement of performance and the development of the



human resources, in order for the competent decision-making bodies to take new decisions.

Parties involved:

Management Bodies, competent Decision Making Bodies of the Institution according to Law 4957/2022, administrative services, academic units, academic units, MOHIP.

Timeline:

The allocation of human resources to academic and service units, as well as the decision to improve their performance and development is an iterative process, which takes place on an annual basis.

Related Documents

Annual reports on the allocation and actions of human resources development, the strategy of the Foundation, criteria for staff evaluation.

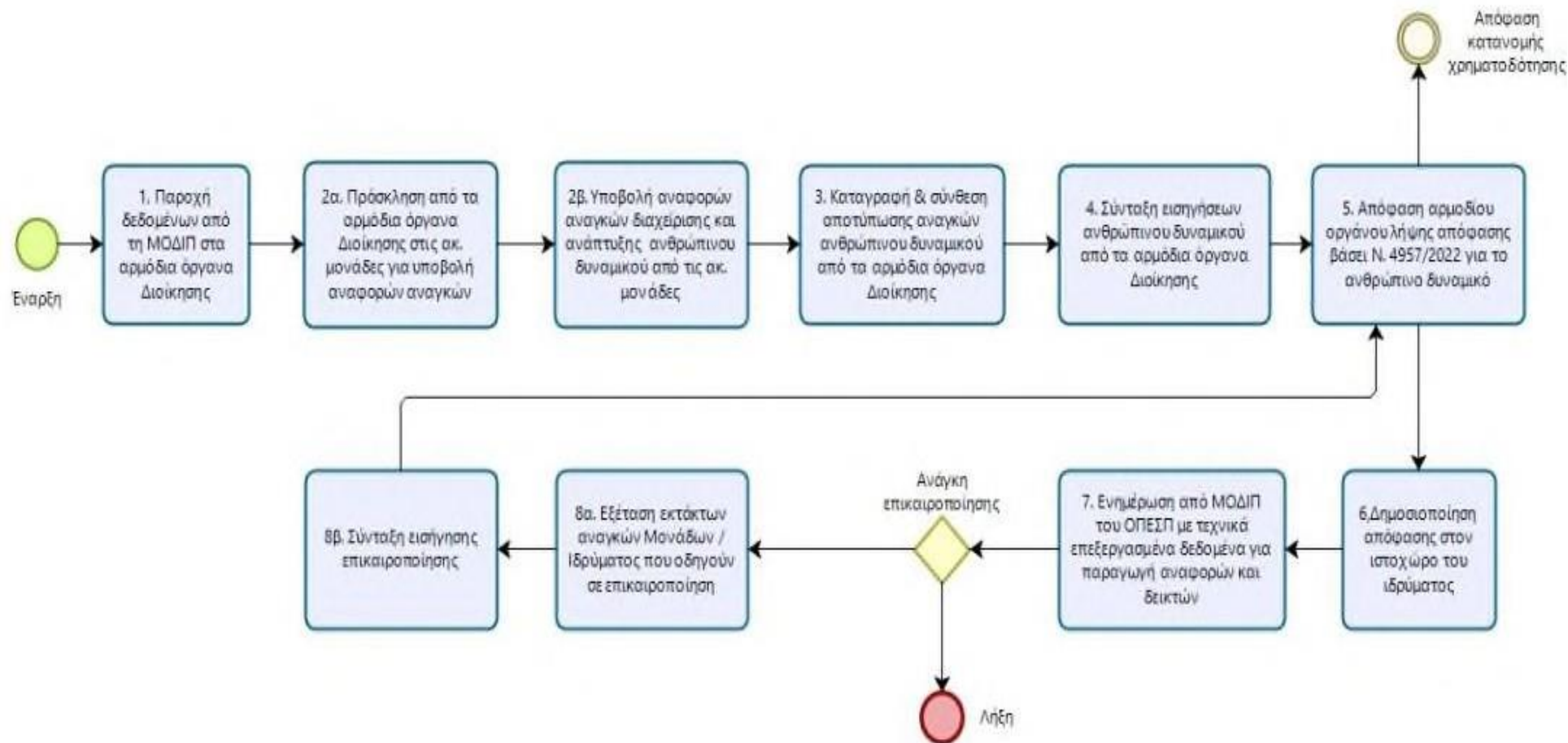


Figure 2. 3 Process 2.3



OPERATION 3. Setting quality assurance objectives

3.1 Process object

The Foundation specifies its strategy at the level of quality assurance, through time-bound qualitative and quantitative objectives, which are measured and reviewed in the context of the operation of the ESMS. The process is aimed at setting clear and defined objectives for the continuous improvement of the Foundation's study programmes, research and innovation activities and administrative services and includes:

- a. the adoption of consultation procedures for the setting of targets,
- b. the selection of targets for the improvement of the internal operations of the Foundation at specified periodic intervals,
- c. the process of selecting performance indicators to monitor the degree of improvement in the quality and efficiency of the educational, research and administrative functions of the Foundation.

3.2 Process input data

1. The Foundation's strategy for education, curricula, research and innovation, infrastructure and services, human resources, management and quality assurance
2. Quality Policy of the Foundation
3. Suggestions for improvement, resulting from the operation of the ESRP processes
4. Results of the ESRP review

3.3 Process output data

1. Objectives and performance indicators (KPIs) for annual and long-term improvement of the absorption of funding (regular budget, public investment programme, PIP)
2. Objectives and performance indicators (KPIs) for annual and long-term improvement of the Foundation's level of funding from external sources
3. Targets and performance indicators (KPIs) for annual and long-term improvement of the ratio of resources (academic and administrative human resources and infrastructure) to student population
4. Objectives and performance indicators (KPIs) for annual and long-term improvement in the rate of use of the available infrastructure and equipment of the institution (teaching, research and auxiliary facilities, equipment, software, etc.)
5. Targets and performance indicators (KPIs) for improving the general and specific knowledge and skills of human resources
6. Targets and performance indicators (KPIs) to improve the quality of the MAs such as :



- a. the graduation rate of the total student population per cycle of study (MSc, MSc, MSc, MSc), with weights for the duration of studies (4-year/5-year MSc),
 - b. the level of average semester grade point averages of the MA and degree/diploma/PhD grades (ID grading median)
7. Objectives and indicators of the research performance of the Institution, through the improvement of appropriate performance indicators, such as:
 - a. of publications per academic staff member,
 - b. citations per academic staff member, c. research funding per academic staff member

3.4 Management of the process

Process 3.1: Setting quality objectives for the educational project (MA, learning process, learning outcomes, etc.).

Process 3.2: Setting quality objectives for research activity and innovation (research performance, funding, research management institutions and systems, innovation development, etc.).

Process 3.3: Setting quality objectives for services, infrastructure and management systems (development, operation, restructuring).

Process 3.4: Setting objectives for human resources development (staff appraisal, training and support).

3.5 Process efficiency indicators

1. Average annual rate of achievement of objectives
2. Average rate of achievement of objectives on a defined medium-term basis
3. Average rate of achievement of targets in the long term
4. Measuring trends in target deviation

3.6. Process control methods

- Through planned internal evaluations carried out by the PMO
- Through the analysis of process efficiency indicators
- Through presentations of the indicators of achievement of the objectives to the administrative bodies of the Institution (Department Chair, Department Assembly, Rector's Authorities, Senate)
- Through presentation of the results of the process by the PMO and analysis of its data during the review of the ESDP



3.7 Process improvement actions

1. Comparison of quality objectives and indicators (KPIs) with national and international standards (benchmarking)
2. Revision of the relevant process in the Quality Manual of the Foundation
3. Improvement of process procedures through internal evaluations of the ESMS

3.8 Process procedures

Process 3.1: Setting quality objectives for the educational project (MA, learning process, learning outcomes, etc.).

Description:

The MOHIP, in cooperation with the competent bodies of the Foundation's administration and the academic units, draw up the annual quality objectives for the Foundation's educational work. The target setting is accompanied by a corresponding planning of actions to achieve the objectives and the corresponding monitoring indicators.

Steps

1. Each year (at a specified time), the PMO provides the competent Management Bodies of the Institution with the academic operation data - from the OPSEP or other information systems of the Institution - and the corresponding indicators, as well as the annual report of the internal evaluation of the MAs.
2. The PMO, in collaboration with the responsible Vice Rector (Academic), draw up a plan of quality objectives for the educational work, taking into account the Foundation's strategy on educational issues, the results of the annual internal evaluation of the MAs and the relevant data and indicators of the OPSEP.
3. The responsible Vice Rector (Academic) cooperates with the Department Chairs for the harmonization of the objectives of the Foundation and the academic units in educational matters
4. The responsible Vice Rector (Academic) submits the final draft to the MDC for approval. The PMOIP approves the annual quality objectives for the educational work and the corresponding actions to achieve the objectives and submits them to the competent Decision-Making Body of the Institution according to Law 4957/2022.
5. The competent decision-making body of the Foundation adopts the annual target for the educational project.
6. The decision of the competent decision-making body is published on the Foundation's website.
7. The IMMS feeds the IPSP with the relevant technically processed data and information for the production of reports and indicators.



8. The implementation of the actions and the achievement of the objectives is monitored by the PMO and, if necessary, the feasibility of updating the objectives or indicators is examined.
9. In case the need to update the objectives or indicators is identified, a new plan is drawn up by the PMO and the steps from 3 onwards are repeated.

Parties involved:

Management Bodies, Decision-Making Bodies of the Institution according to Law 4957/2022, academic units, PMOs.

Timeline:

Setting quality objectives is done at the beginning of each year and is an iterative process.

Related Documents:

Decisions on the establishment of objectives and performance indicators (KPIs) to improve the quality of Curricula and educational work.

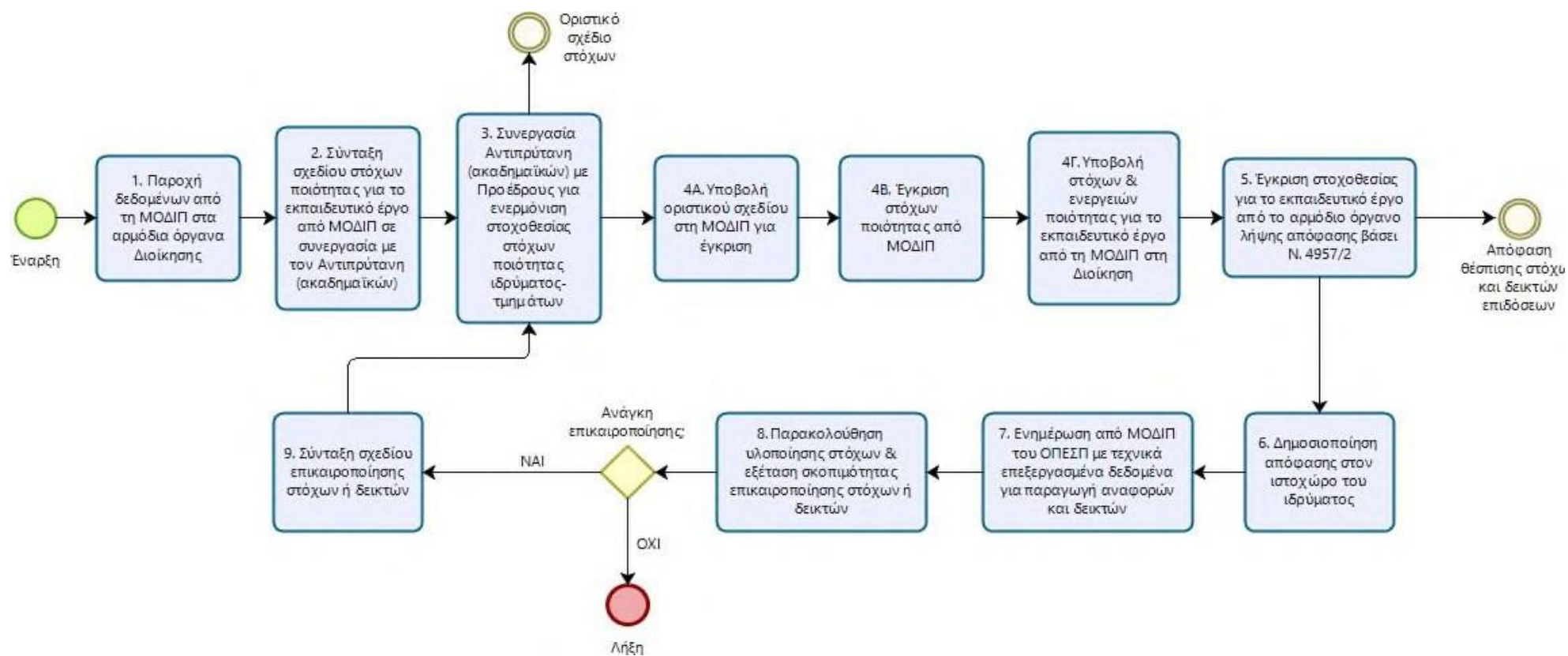


Figure 3. 1 Process 3.1



Process 3.2: Setting quality objectives for research activity and innovation (research performance, funding, research management institutions and systems, innovation development, etc.)

Description:

The PMOHR, in collaboration with the competent bodies of the Foundation's Administration and the Hellenic Research Council, draw up the annual quality objectives for the Foundation's research work. The target setting is accompanied by a corresponding planning of actions for the achievement of the objectives, which is documented by corresponding monitoring indicators.

Steps

1. Each year (at a specified time), the PMRM provides the competent Management Bodies of the Foundation with the data on research activity and operation - from the OPSEP or other information systems of the Foundation - and corresponding indicators, as well as the annual report of the internal evaluation of the research project.
2. The PMRM, in collaboration with the responsible Vice Rector (Research), draw up a plan of quality objectives for the educational work, taking into account the Foundation's strategy for research and innovation, the results of the annual internal evaluation of the Foundation's research work and the relevant data and indicators of the IPESP.
3. The responsible vice-rector (research) collaborates with the members of the research committee or other interested parties and submits the final draft to the MDC for approval.
4. The PMOIP approves the annual quality objectives for the research work and the corresponding actions for the achievement of the objectives and submits them to the competent Decision Making Body of the Foundation according to Law 4957/2022.
5. The competent decision-making body of the Foundation shall approve the annual target for the research project.
6. The decision of the competent decision-making body is published on the Foundation's website.
7. The IMMS feeds the IPSP with the relevant technically processed data and information for the production of reports and indicators.
8. The implementation of the actions and the achievement of the objectives is monitored by the PMO and, if necessary, the feasibility of updating the objectives or indicators is examined.
9. In case the need to update the objectives or indicators is identified, a new plan is drawn up by the PMO and the steps from 3 onwards are repeated.

Parties involved:

Management Bodies, Decision Making Bodies of the Foundation according to Law 4957/2022, ELKE, MOHIP.

Timeline:



Setting quality objectives is done at the beginning of each year and is an iterative process.

Related Documents:

Decisions to set targets and performance indicators (KPIs) to improve the quality of research work.

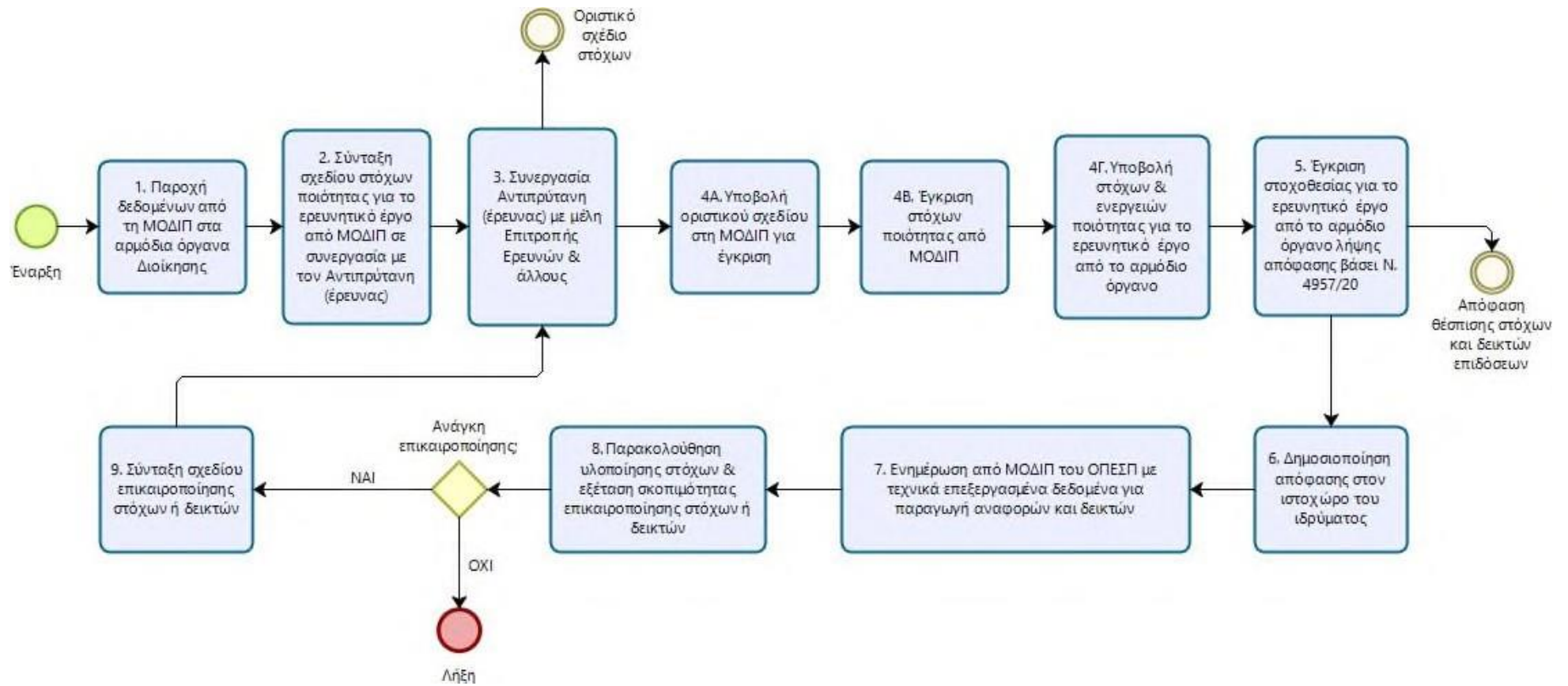


Figure 3. 2 Process 3.2



Process 3.3: Setting quality objectives for services, infrastructure and management systems (development, operation, restructuring)

Description:

The PMO, in collaboration with the competent bodies of the Foundation's Administration and the academic and service units, draw up annual quality objectives for the administrative work, infrastructure and support services of the Foundation. The target setting shall be accompanied by a corresponding planning of actions to achieve the objectives, which shall be documented by corresponding monitoring indicators.

Steps

1. Each year (at a specified time), the PMO provides the competent Management Bodies of the Foundation with the data on the operation of infrastructures and services - from the OPSEP or other information systems of the Foundation - and corresponding indicators, as well as the annual report of the internal evaluation of infrastructures, services and administrative work.
2. The PMO, in collaboration with the responsible Vice Rector(s) (Finance and Development), draw up a plan of quality objectives for administrative work, infrastructure and services, taking into account the Foundation's strategy for development issues, the results of the annual internal evaluation of infrastructure, services and administrative work and the relevant data and indicators of the OSPEP.
3. The responsible Vice Rector(s) (finance and development) collaborate with academic and service units to harmonize the objectives of the institution and the academic and service units in terms of service, infrastructure and administrative development and submit the final plan to the MODIP for approval.
4. The PMOIP approves the annual quality objectives for the administrative work, the development of infrastructure and services and the corresponding actions for the achievement of the objectives and submits them to the competent Decision Making Body of the Foundation according to Law 4957/2022.
5. The competent decision-making body of the Foundation adopts the annual target for administrative work, infrastructure and service development.
6. The decision of the Foundation's competent decision-making body is published on the Foundation's website.
7. The IMMS feeds the IPSP with the relevant technically processed data and information for the production of reports and indicators.
8. The implementation of the actions and the achievement of the objectives is monitored by the PMO and, if necessary, the feasibility of updating the objectives or indicators is examined.
9. In case the need to update the objectives or indicators is identified, a new plan is drawn up by the PMO and the steps from 3 onwards are repeated.

Parties involved:



Management Bodies, Decision Making Bodies of the Institution according to Law 4957/2022, academic and service units, PMOs.

Timeline:

Setting quality objectives is done at the beginning of each year and is an iterative process.

Related Documents:

Decisions to set targets and performance indicators (KPIs) to improve the quality of infrastructure, services and administrative work.

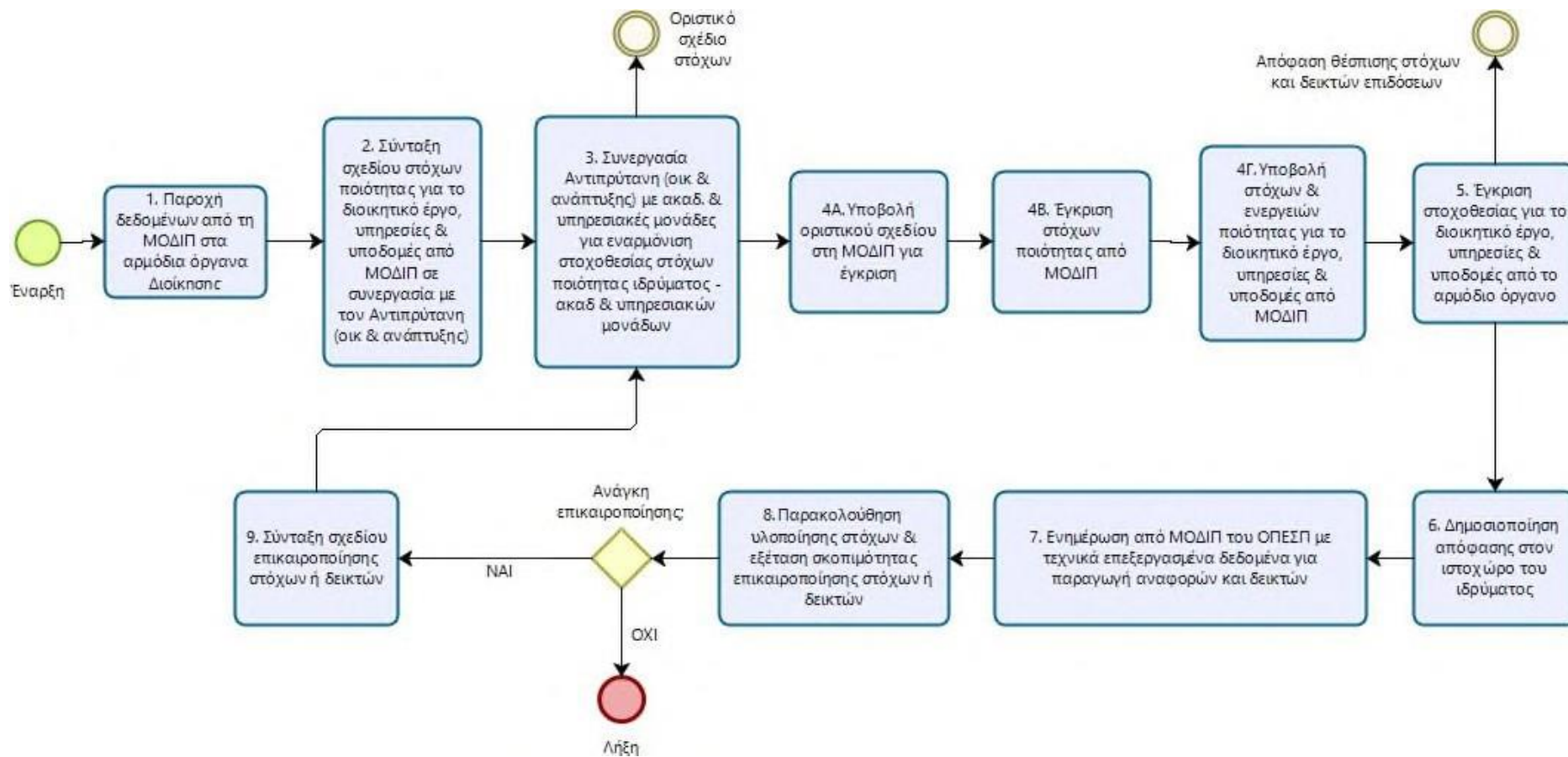


Figure 3. 3 Procedure 3.3



Process 3.4: Setting objectives for human resources development (staff appraisal, training and support)

Description:

The PMO, in cooperation with the competent bodies of the administration of the Foundation and the academic and service units, draw up annual quality objectives for human resources development, i.e. the recruitment, evaluation and training of staff. The target setting shall be accompanied by the corresponding planning of actions to achieve the objectives, which shall be documented by corresponding monitoring indicators.

Steps

1. The MOHRP provides annually (at a specified time) to the competent Management Bodies of the Institution the data on the employment allocation of staff - from the OPSEP or other information systems of the Institution - and corresponding indicators, as well as the annual report of the internal evaluation on human resources.
2. The HRMD, in collaboration with the responsible Vice Rector(s) (Personnel/Human Resources), draw up a plan of quality objectives for its development, taking into account the Foundation's strategy for human resources development and management, the results of the annual internal evaluation for human resources and the relevant data and indicators of the HRMD.
3. The responsible Vice Rector(s) (Personnel/Human Resources) collaborates with academic and service units for the harmonization of the objectives of the Institution and the academic and service units in matters of staff development and submits the final plan to the MODIP for approval.
4. The PMOIP approves the annual quality objectives for the development and management of human resources and the corresponding actions for the achievement of the objectives and submits them to the competent Decision Making Body of the Institution according to Law 4957/2022.
5. The competent decision-making body of the Foundation shall approve the annual target for human resources development and management.
6. The decision of the Foundation's competent decision-making body is published on the Foundation's website.
7. The IMMS feeds the IPSP with the relevant technically processed data and information for the production of reports and indicators.
8. The implementation of the actions and the achievement of the objectives is monitored by the PMO and, if necessary, the feasibility of updating the objectives or indicators is examined.
9. In case the need to update the objectives or indicators is identified, a new plan is drawn up by the PMO and the steps from 3 onwards are repeated.

Parties involved:



Administrative Bodies, Decision-Making Bodies of the Institution according to Law 4957/2022, academic and service units, PMOs

Timeline:

Setting quality objectives at the beginning of each year is an iterative process.

Related Documents:

Decisions to set targets and performance indicators (KPIs) to improve the quality of human resources

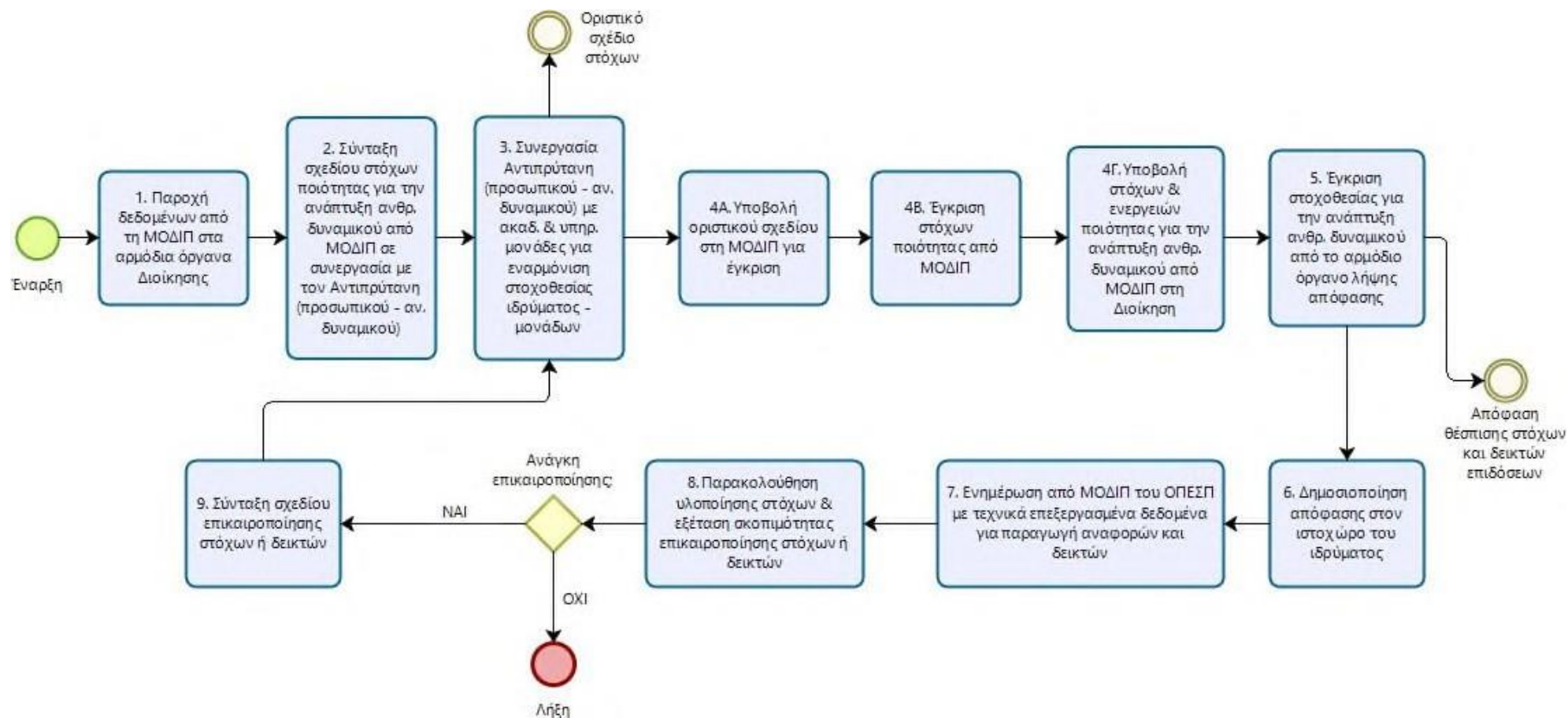


Figure 3. 4 Procedure 3.4



OPERATION 4: Internal evaluation

4.1 Process object

The purpose of this process is to evaluate and monitor the implementation of the Institution's Internal Quality Assurance System. More specifically, it checks whether and to what extent the academic and administrative units follow and implement the requirements of the standard, errors or gaps are identified and the necessary corrections are made in order to achieve the objectives set, with the expected result of improving quality. The purpose of the internal assessment is to formulate final judgements on the adequacy of the implemented Quality Assurance System and to decide on the necessary corrective, preventive or improvement actions.

The results of the internal evaluation are recorded in internal reports prepared by the PMO, which note any deviations from the standard and are communicated - where appropriate - to the stakeholders. The decisions of the institution to correct, comply or improve the functioning of the ESMS include (indicatively) actions related to:

- improving the ESRP and its processes,
- improving the services provided to students,
- improving the conditions and procedures for the implementation of teaching and research work,
- improving the working environment for administrative staff,
- reviewing the allocation and allocation of resources,
- the establishment of new quality objectives.

The quality system is reviewed by the management of the institution at least once a year. Unscheduled reviews of the Quality System may be carried out at any time, if deemed necessary by the Chair of the QMS. At the annual meeting of the QMS Review Committee, the members of the Committee are informed about the QMS, its processes, procedures, quality indicators, as well as suggestions for their improvement.

4.2 Process input data

1. Internal evaluation programme (form)
2. Internal evaluation questionnaire (form)
3. Quality Policy of the Foundation
4. Reports on the results of the audit of the ESMS processes
5. Annual quality data of the IPPC
6. Annual Internal Reports of academic units (new form) for: a. student performance,
b. the results of student/faculty questionnaires,



- c. the graduates,
- δ. The operation of infrastructure/learning environment,
- e. The assessment of learning outcomes
7. Annual reports on the Foundation's research activity
8. Templates for the NIFEA's ESMS and QMS certification proposal, including the ESMS and QMS standards
9. Proposals for the accreditation of the academic units of the Foundation

4.3 Process output data

1. Internal evaluation findings by process
2. Internal evaluation minutes by process
3. Proceedings of the MICS Reviews on the ESDS and the Quality Policy of the Institution
4. Reports of the HQM to the Management of the Foundation and the Senate
5. List of corrective and preventive actions (to be implemented)
6. Suggestions for improvement
7. The Foundation's Quality Strategy and Policy

4.4 Management of the process

Process 4.1: Carrying out an internal evaluation

Process 4.2: Review of the ESRP

4.5 Process efficiency indicators

1. Number of corrective actions resulting from internal evaluations
2. Number of preventive actions resulting from internal evaluations
3. Annual percentage of students participating in the evaluation
4. Annual number of meetings of members of the MOHIP and OMEA
5. Degree of overall student satisfaction

4.6 Process control methods

1. Through planned internal evaluations carried out by the PMO
2. Through the analysis of process efficiency indicators
3. Through presentations of the internal evaluation results to the PMO and the Management of the Foundation



4.7 Process improvement actions

1. Actions to improve the efficiency of the ESMS processes
2. Actions to implement corrective and preventive actions
3. Feedback on the Foundation's strategy and possible improvements
4. Feedback on the Foundation's quality policy and possible improvements
5. Feedback on the quality of the MAs, with possible recommendations for improvement
6. Feedback on the quality of the service units, with possible recommendations for improvement

4.8 Process procedures

Process 4.1: Internal evaluation

Description

The internal evaluation process aims to control processes and procedures of the ESMS, such as, e.g., the institution's quality assurance policy, allocation and management of the necessary resources, setting quality assurance objectives, quality data collection (measurement, analysis and improvement), information disclosure, external evaluation, as well as data/data on teaching, research and administrative work and annual reports (QAIS and annual report) on the MAs, the educational, research and administrative work of the institution

Steps:

1. Decision on the scope and date of the internal evaluation to be carried out by the PMO.
2. Relevant information to stakeholders by the PMO.
3. Allocation of the evaluation scope to the members of the PMO.
4. Compilation of an evaluation plan and a questionnaire for each evaluation item, in which the evaluation findings are recorded (indicative content of the questionnaire for the internal evaluation of the MPA):
 - the contemporary nature of the subject,
 - the changing needs of the labour market and society,
 - the progress and completion of studies,
 - the effectiveness of student assessment procedures,
 - the data from the student satisfaction questionnaires,
 - the quality data of teaching staff (teaching, research work),
 - the learning environment and support services.



5. Conducting the evaluation (when conducting the evaluation, the findings must be documented and the planning must be adhered to).
6. A meeting of the PMO to assess the findings and document any non-conformities or observations (after the end of the evaluation).
7. Compilation of an internal evaluation report by the PMO, including the recorded non-compliances and possible suggestions for improvement.
8. Communication of the PMO with stakeholders (academic and service units), with whose cooperation appropriate corrective or preventive actions are immediately planned.
9. Inspection by the PMO of the respective activities within the established timetable and evaluation of the adequacy or effectiveness of the corrective actions implemented.

Parties involved

- The President and the Members of the MOHIP
- The Secretary of the MOHIP
- The Presidents and the members of the OMEA of the Departments
- The Heads of the Administrative Services
- The members of the Secretariats of the Departments
- The collaborators and employees of the MOHIP

Related Documents:

- Manual of Quality Procedures of the MOQI
- The results of the Foundation's Internal Quality Assurance System processes
- The Annual Internal Reports of the Academic Units
- Process documentation file 4 (programme, questionnaire, minutes of the PMO meeting, report and list of corrective and/or preventive actions)
- Information on the research activity of the Foundation
- Quality inventory data, submitted to the information system of the NTHAAE
- Student performance
- Results of student/faculty questionnaires
- Assessment of learning outcomes by academic units
- Graduation data

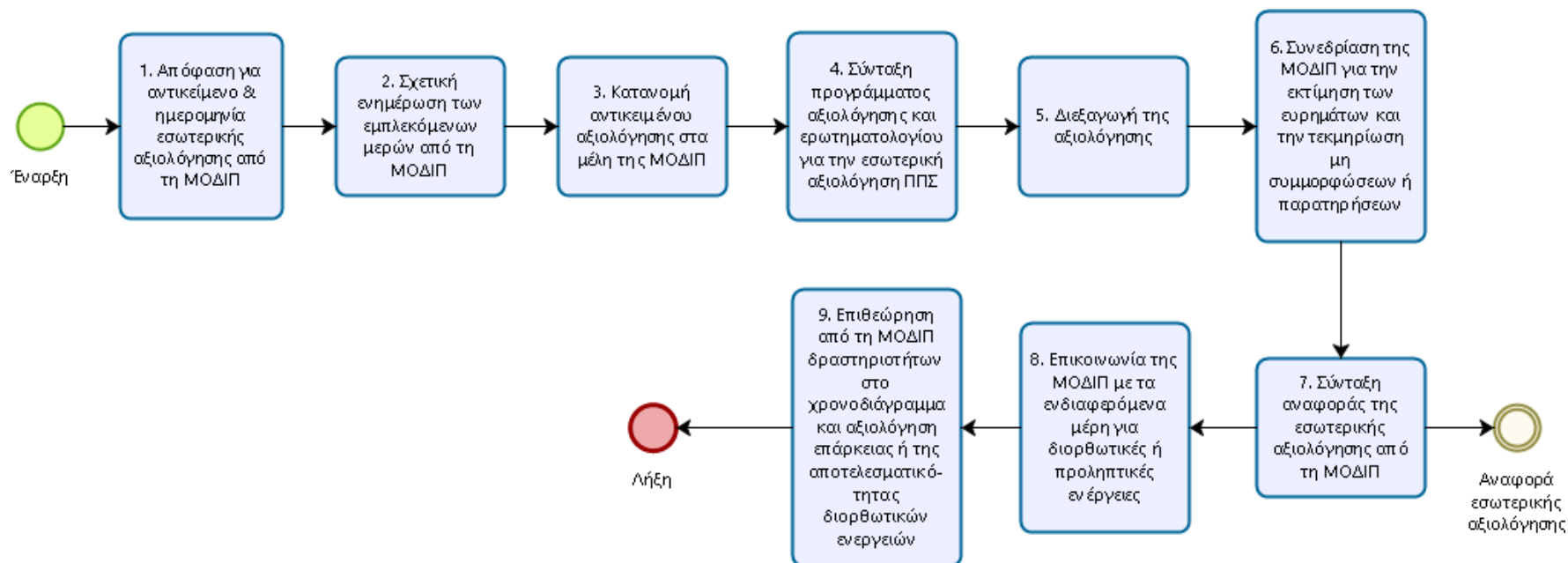


Figure 4. 1 Process 4.1



Process 4.2: Review of the ESRP

Description

The Review of the ESDP is carried out once a year by the Review Committee, in which the Rector and the Vice-Rectors of the Foundation participate, in addition to the PMO and its Secretary.

Steps

1. A meeting of the Review Committee is held, with the main items for discussion:
 - the results of the internal evaluation,
 - the performance of system processes,
 - the results of preventive and/or corrective actions,
 - assessing the degree of completion of actions decided by management in previous reviews,
 - the formulation of possible changes that could have an impact on the effectiveness of the ESRP,
 - formulating proposals to improve the processes and procedures of the ESRB,
 - the extent to which the Foundation's quality objectives have been achieved (monitoring and/or adjusting them).
2. The decisions of the Review Committee shall be recorded.
3. The competent Management Bodies are informed (the Rector or the President of the PMOIP informs the competent Decision Making Bodies according to Law 4957/2022 on the development of quality assurance issues, the quality objectives, the degree of their achievement, as well as on the improvement actions to be implemented).
4. On the basis of the meeting, a review of the Foundation's quality strategy and policy by the PMO follows (the results of the review may affect the existing strategic objectives of the Foundation, as well as the quality policy).
5. In the event that a review is deemed appropriate, the PMOIP proceeds to the relevant updating of the strategic objectives in collaboration with the departments and units of the institution involved or to a revision of the quality policy.
6. The PMOIP proceeds with the preparation of a recommendation regarding the strategic objectives of the Foundation, and/or the quality policy which is submitted to the competent Decision-Making Bodies of the Foundation according to Law 4957/2022.
7. The competent decision-making bodies of the institution decide on the revision of the existing strategy and/or quality policy of the institution).

Parties involved

- Competent Decision-Making Bodies of the Foundation according to Law 4957/2022



- The Rector / Vice Rectors of the Foundation
- The President and the members of the PMOI
- The Secretary of the MOHIP
- Departments and Units of the Foundation

Related Documents

- Minutes of the MICS Reviews for the ESDP (this form includes the participants, the main issues discussed, possible decisions - actions, responsible officials for the execution and monitoring of the necessary actions and the date of completion of the necessary actions)
- Reports of the HQM to the Management of the Foundation and the Senate
- Status corrective and preventive measures
 actions carried out
- Suggestions for improvement
- Quality Manual of the MOHIP
- The results of the ESDP processes
- The Foundation's Quality Strategy and Policy

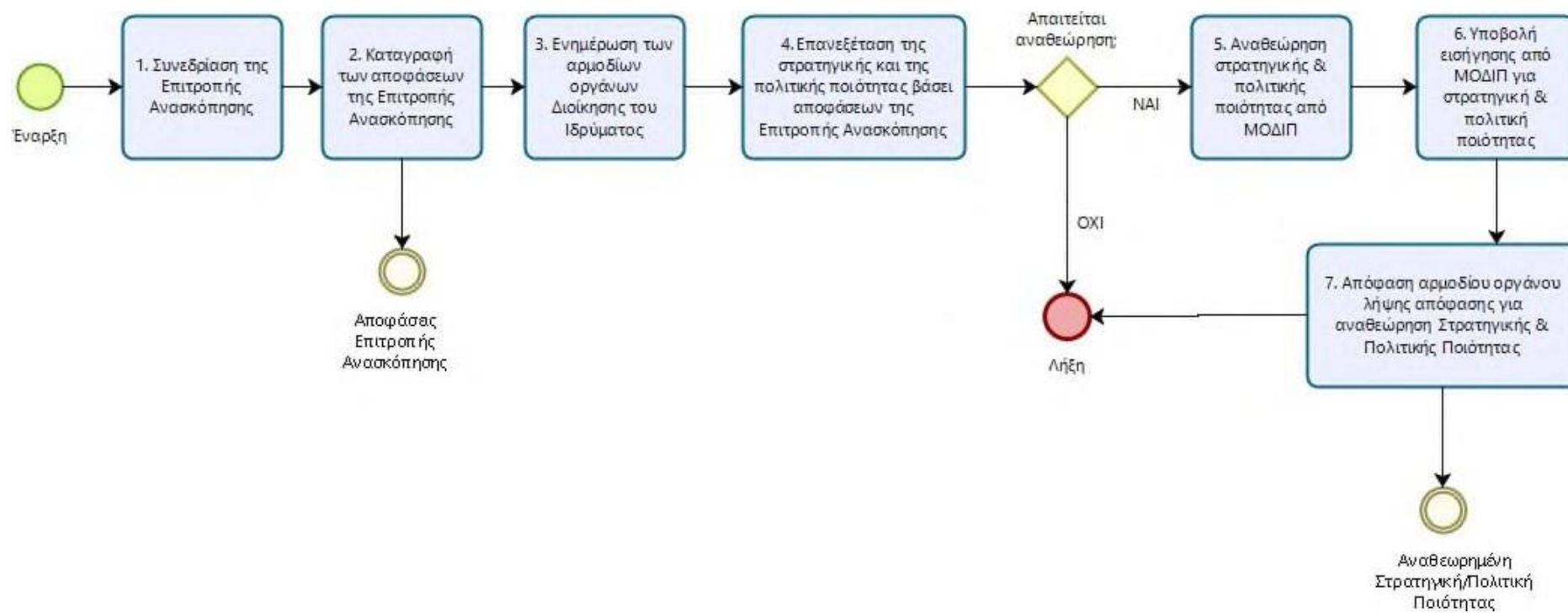


Figure 4. 2 Procedure 4.2



OPERATION 5. Quality data collection: measurement, analysis and improvement

5.1 Process object

The PMOHR manages the quality data of the educational, research and other academic activities, as well as the administrative data of the Foundation.

This process aims to collect, analyse and use quality data in the internal evaluation of the ESMS processes and the decision making process for each level of the Institution's operation in order to improve it.

5.2 Process input data

1. Quality assurance objectives
2. Data from the MICS information system
3. Curriculum data
4. Student record and student performance data
5. Logistical infrastructure data
6. Personal data
7. ELKE data
8. Financial Service data
9. Research activity data

5.3 Process output data

1. Efficiency indicators for all ESRP processes
2. Indicators for the evaluation of the Foundation's strategy
3. Performance evaluation indicators (KPIs)
4. Data and indicators of the IPESP (NAPS)
5. Reports for decision making

5.4 Management of the process

Process 5.1: Data collection from the institution's systems, such as the student register, the National Research Centre, the library, the financial and administrative service, etc.

Process 5.2: Measurement, data analysis, production of indicators and their correlation with Quality Assurance objectives



5.5 Process efficiency indicators

1. Number of data collection sources
2. Number and categories of indicators per quality objective
3. Number of reports for decision making

5.6 Process control methods

1. Through the analysis of process efficiency indicators
2. Through presentations of the measurement results and data analysis
3. Through the internal evaluation of the ESRB
4. Through the review of the ESRP

5.7 Process improvement actions

- 1 Feedback from the process of setting quality assurance objectives
- 2 Improving data analysis techniques
- 3 Planning further development of the Foundation's information infrastructure



5.8 Process procedures

Process 5.1: Data collection from the institution's systems (student registry, ELKE, library, financial and administrative services, etc.)

Description:

The HQM collects quality data on the Foundation's activities through the Foundation's information systems either through reports and data provided by the competent services (where applicable) and/or through direct extraction from the HQMIS. Data may also be collected with the help of internal users of the Foundation under the responsibility of the HQM.

The information systems used for data retrieval include the secretariat information system (student record book), the information system of the Hellenic Research Centre, the management system of the Financial Service, the institutional repository of the central library, as well as databases of the services and academic units of the Foundation.

Steps:

1. The PMO informs the academic and service units of the institution on how the quality data are collected, their importance, interpretation and usefulness and sets internal deadlines for their collection.
2. THE MICS:
 - a. collect and verify data through the Foundation's systems and through the ICSF
 - b. collects and verifies data from the involved Departments and Units of the University
3. Where ambiguities are found, the PMOI collects relevant questions or problems and proceeds to answer or resolve them, in accordance with the relevant instructions of the HNEAE.
4. Where further clarification / resolution of issues is required, the PMO collaborates and liaises with the NIFAE to provide further guidance.
5. Having all the data at its disposal, the PMO shall submit the annual reports of the IPESP data to the PMO in due time.
6. The MOHIP issues the annual reports of the ESMS for the needs of either the internal evaluation of the ESMS and their submission to the NIFAE, or the submission of proposals for the accreditation of the ESMS and the accreditation of Study Programmes, or the annual report of the ESMS to the NIFAE.

Parties involved:

Academic, service units, PMOs, NIFAE.

Timeline:

The collection of quality data takes place at the beginning of each year, within the deadlines set by the NIFAE and is a recurring process.

Related Documents:



Quality data manual of the IPESP, internal guidelines of the MDEP to academic and service units.

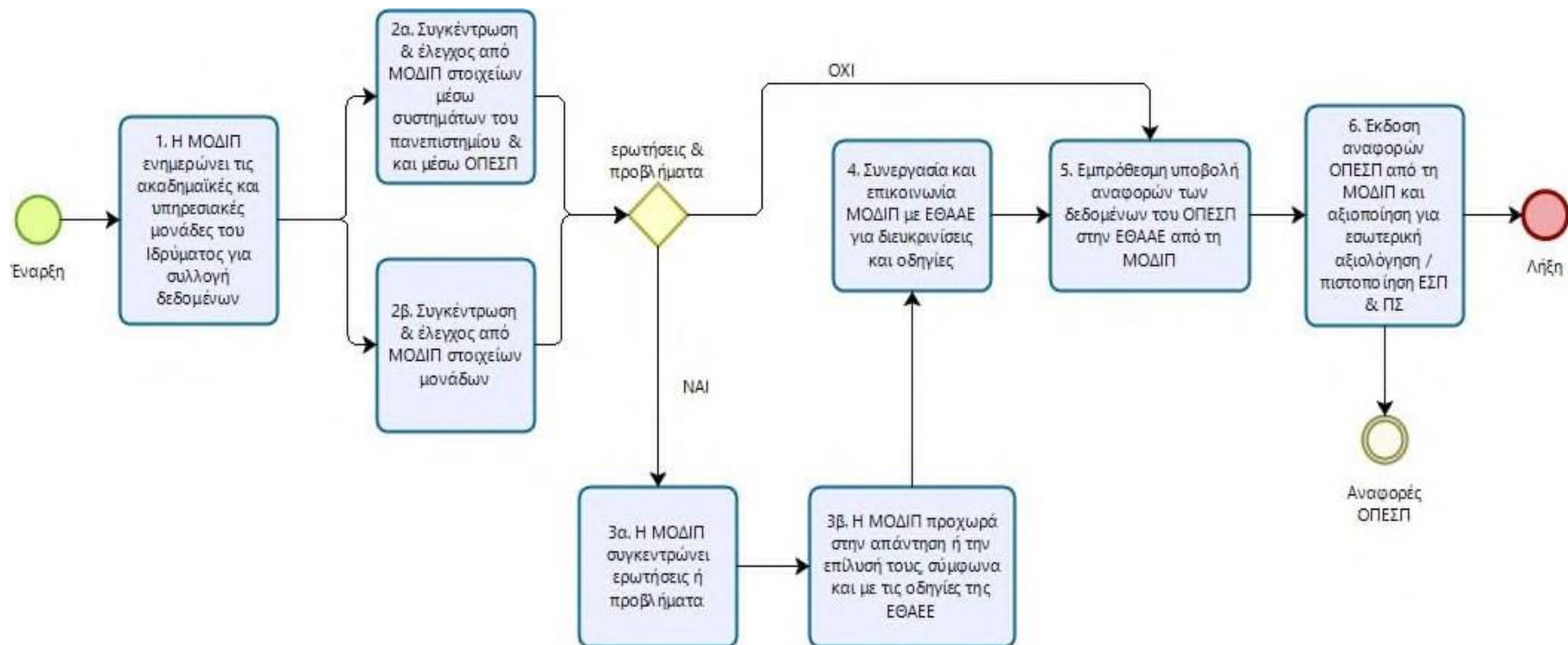


Figure 5. 1 Process 5.1



Process 5.2: Measurement, data analysis, production of indicators and their correlation with quality assurance objectives

Description:

The PMO shall issue the annual quality indicators, using, at its discretion, the data of the CQIS, data from its information system or from other sources.

The annual quality indicators are:

- quality indicators for the academic and administrative activities of the institution, academic units (departments) and curricula,
- quality indicators for the effectiveness of the ESRP processes,
- performance indicators for the academic and administrative functioning of the institution, linked to quality objectives.

Steps:

1. The MOHIP issues the annual reports with the quality indicators for the academic and administrative activities of the Institution, the academic units (departments) and the study programmes, using the data of the OPSEP.
2. The PMO shall issue annual reports with quality indicators on the effectiveness of the ESMS processes, making use of data and information from the ESSP or other information systems and sources.
3. The PMOI issues annual reports with performance indicators for the academic and administrative operation of the institution, which are linked to the quality objectives.
4. The PMO uses the above references in its internal evaluation and review of the ESRP.
5. The PMRM prepares documented relevant reports and presentations, for the improvement of the quality of the Institution, for the publication of the results of the NQF, for the support of decision making on quality strategy and policy, for the submission of progress reports to the NIFAE, for the submission of proposals for the accreditation and recertification of the NQF and curricula, etc.

Parties involved:

Academic, service units, PMOs, NIFAE.

Timeline:

The indicators are issued at the beginning of each year and are a recurring process.

Related Documents:

IPESP quality data manual, annual quality objectives and performance indicators, process efficiency indicators.

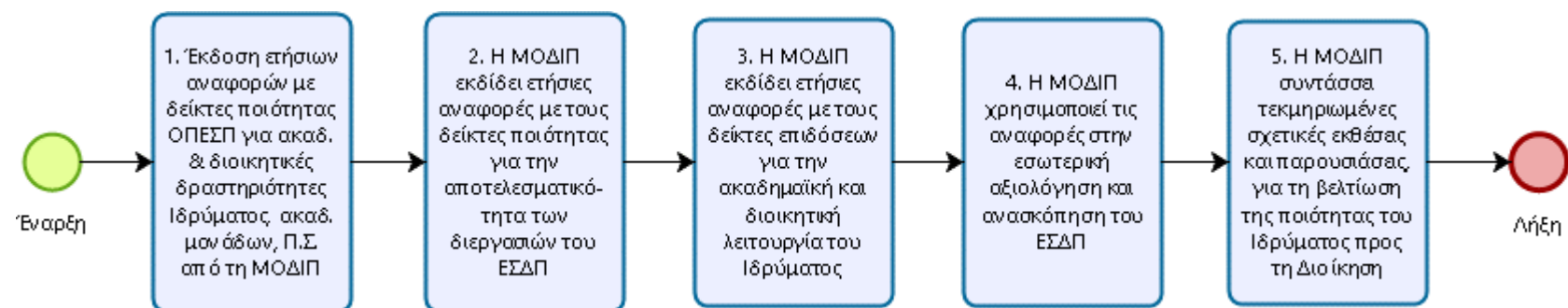


Figure 5. 2 Procedure 5.2



OPERATION 6. Publication of information

6.1 Process object

The Foundation, in collaboration with the PMOI, publishes its Strategy, Quality Policy, its educational, academic and research activities, as well as the results of internal and external evaluations.

The aim of this process is to make the relevant information direct, accessible, up-to-date and presented in an objective and clear manner.

6.2 Process input data

1. Material to be made public:
 - a. Foundation Strategy
 - b. Quality Policy
 - c. Elements of the structure, organisation and operation of the ESMS
 - d. The Quality Target of the Foundation
 - e. Information on the responsibilities and operation of the PMOI
 - f. External evaluation reports of academic units and the Foundation
 - g. Press releases/announcements of the Foundation
 - h. Decisions of the Foundation's bodies
 - θ. National legislation
 - j. Data on educational activity for all cycles of study
 - ια. Information on research activity
 - l. The internal regulations of the Foundation and other regulations
 - m. Annual report of the Foundation

6.3 Process output data

1. Foundation website
2. MOHIP website
3. Websites of academic units
4. Press Releases/Announcements of the Foundation
5. Electronic and printed information material



6.4 Management of the process

Process 6.1: Creation, maintenance, updating and evaluation of websites, web applications and other information media.

6.5 Process efficiency indicators

1. Upgraded website of the Foundation (interoperability level)
2. Number of website applications upgraded / number of new modules / numerous new pages with new content / links
3. Annual number of project promotion and dissemination activities such as workshops, conferences, etc.
4. Annual number of project promotion and dissemination activities newsletters, announcements, etc.

6.6 Process control methods

1. Through the analysis of process efficiency indicators
2. Through the internal evaluation of the ESRB
3. Through the review of the ESRP

6.7 Process improvement actions

1. Comparative study of websites of other institutions
2. Suggestions for the use of applications in the operation of websites
3. User suggestions for improving websites



6.8 Process procedures

Process 6.1: Creation, maintenance, updating and evaluation of websites, web applications and other information tools

Description:

The procedure defines how the creation, maintenance, updating and evaluation of websites, web applications and other information tools of the Foundation is to be carried out in order to achieve the requirement of direct, accessible, up-to-date and objective and clear information for all interested parties.

Steps

1. The MOHIP cooperates with the responsible Vice Rector for the preparation of the list of material to be published.
2. The responsible Vice Rector, in cooperation with the HODI, informs the academic and service units about the assumption of responsibility for the creation, maintenance and updating of the relevant websites, with the corresponding material to be published.
3. Academic and service units shall assign the work to authorised persons.
4. Websites and online services are developed by the authorised persons and enriched with the material to be made public.
5. Within the framework of the internal evaluation process, the HQM evaluates the completeness and clarity of the content, the objectivity and ease of access to information, the usability and the level of the electronic services provided on the Foundation's websites.
6. Then the MOHIP informs the competent academic and service units to proceed with the updating of the material and the websites / websites based on the results of the evaluation.

Parties involved:

1. Responsible Vice Rector (*Administrative Affairs, Academic Affairs and Student Affairs*), MODIP,
2. Foundation website administrators,
3. Academic website administrators,
4. Public Relations Directorate.

Timeline:

The disclosure of information is an ongoing process, which takes place on a daily basis. The evaluation of the process is carried out by the PMO, through internal evaluation, once or more than once a year.

Related Documents:



Websites of the Foundation and academic units, press releases of the Press Office, decisions of the Senate and the Administration, Official Gazette, regulations of administrative units, academic departments and the Foundation, Annual Report of the Foundation.

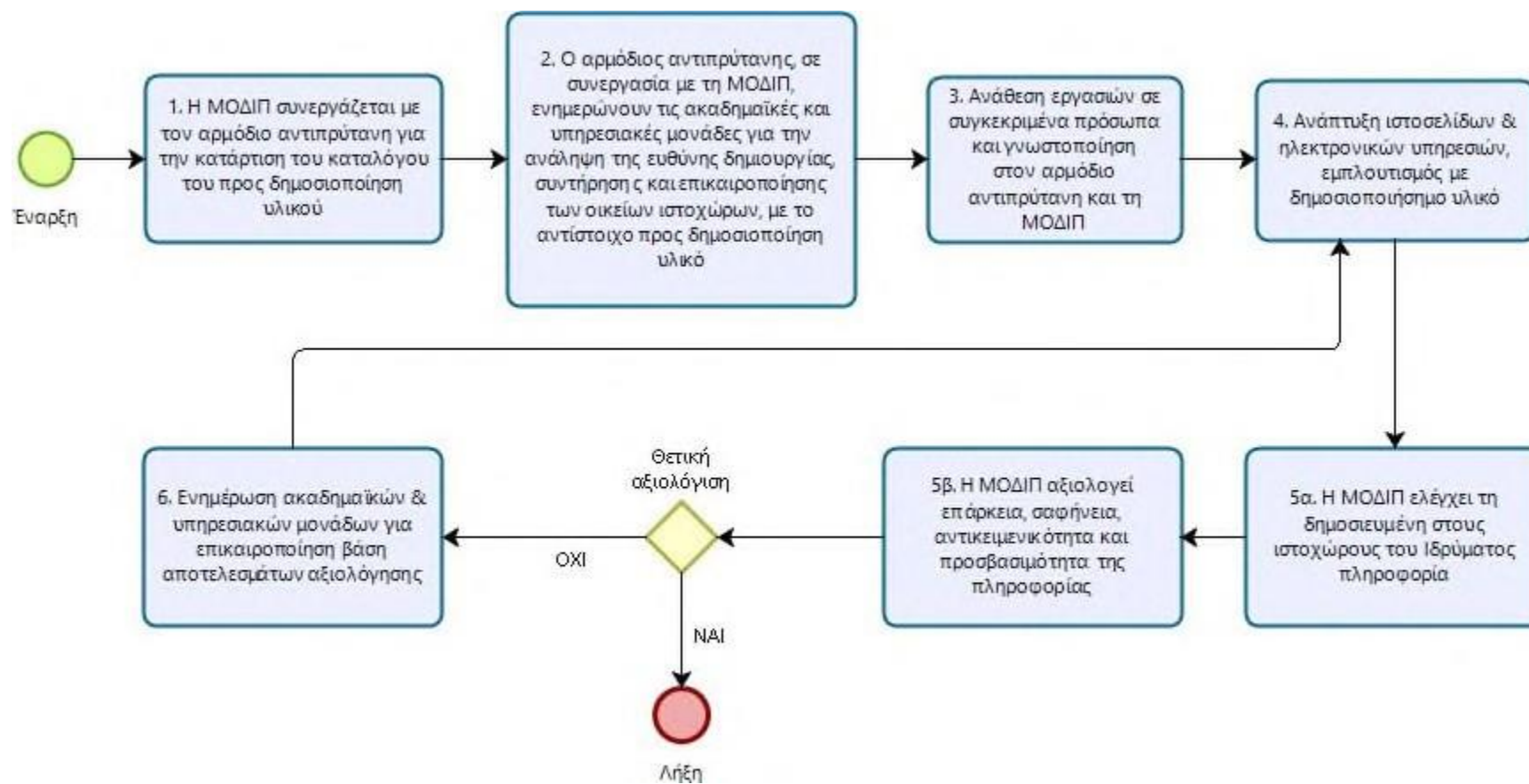


Figure 6. 1 Process 6.1



OPERATION 7: External evaluation

7.1 Process object

The accreditation includes: (a) internal evaluation by the Foundation, through the Quality Assurance Unit (QAQU) and (b) external evaluation by a Committee of independent experts. The process focuses on improving the quality and effectiveness of the ESMS and the MAs.

In particular, the process aims to:

- a. the implementation of a strategy for the continuous improvement of the quality of the services provided by the Foundation,
- b. to ensure the fulfilment of the specifications of the Quality Standard of the HNAAE, but also to ensure that the performance and competences of graduates match the expected professional qualifications, which are compatible with the needs of society and the labour market.

External evaluation is a periodically recurring process.

The Foundation and the Departments shall ensure that the necessary measures are taken to improve and implement the feedback of the ESMS and the MAs.

7.2 Process input data

1. Reports of the last external evaluation or accreditation of the Programmes of Studies (POs)
2. Report of the last external evaluation or certification of the Internal Quality Assurance System (IQAS)
3. Internal evaluation reports or proposals for certification of the MAs
4. Internal evaluation reports or proposal for ESDS certification
5. Relevant standards and guidelines of the NIFAE for the implementation of external evaluation or certification

7.3 Process output data

1. External evaluation or certification reports of the MAs
2. Report of an external evaluation or certification of the ESMS
3. Evaluation of the external evaluation or certification process of the MAs (according to the relevant NIFAE form)
4. Evaluation of the external evaluation or certification process of the ESMS (according to the relevant form of the NDEAE)

7.4 Management of the process

Procedure 7.1: External evaluation/certification of the ESMS or CA.



7.5 Process efficiency indicators

1. Number of recommendations of the External Evaluation or Accreditation Committee of the MA
2. Number of recommendations of the External Evaluation or Accreditation Committee of the ESRB
3. Number of actions defined by the academic unit to implement the recommendations and improve the MA in the relevant action plan
4. A number of actions identified by the Foundation to implement the recommendations and improve the ESRP in the relevant action plan
5. Number of possible revisions to the curriculum quality policy by the academic unit
6. A number of possible revisions to the Foundation's strategy

7.6 Process control methods

1. Through planned internal evaluations carried out by the PMO
2. Through the analysis of process efficiency indicators
3. Through presentations of the evaluation or certification results to the Institution's bodies (Department Chair, Department Assembly, Administration, Senate)
4. By presenting the results of the process and the analysis of its data during the review of the ESDP

7.7 Process improvement actions

1. Re-evaluation of the Foundation's strategy
2. Preparation of an action plan to improve areas of the Foundation's operation
3. Compilation of project action plan on improvement of MA and/or effectiveness of the ESMS

7.8 Process procedures

Procedure 7.1: External evaluation/certification of the ESMS or CA

Description:

The accreditation is an external evaluation process, based on specific, predefined, internationally accepted and, published in advance, quantitative and qualitative criteria and indicators, harmonised with the Principles and Guidelines for Quality Assurance in the European Higher Education Area (European Standards Guidelines 2015). It aims at the continuous improvement of the quality of the services provided by the institutions.

In the context of this process, the PMOIP organizes, prepares and supports the Foundation and the Departments for/ during the external evaluation/certification, while, at the same



time,



helps to introduce improvements in line with the observations and comments of the experts.

Steps:

1. Preparation by the PMO of the public call for proposals of the HEAE, in order to organize and prepare the Institution and the Departments for the submission of external evaluation/certification proposal(s).
2. Participation of the PMO in relevant updates of the NIFAE and communication with it for the implementation of the guidelines.
3. Organization (in the context of the preparation of the evaluation/certification) by the PMOI of relevant working meetings with academic and service units for the planning and allocation of the project.
4. Internal invitation by the PMO to academic and service units to collect and submit the required reports and materials with a specific timetable.
5. Implementation by the PMO of the internal evaluation process to check the completeness and validity of the proposals for external evaluation/certification of the MA and ESMS (see process 4).
6. Approval From from MOHIP of file proposal on on external evaluation/certification of the MA or ESMS and submission to the NCAE.
7. The PMOI will make any corrections to the proposal, as indicated by the HNEAE.
8. Cooperation of the PMEP with the HEAE for the finalization of the programme for the on-site visit of the External Evaluation/ Accreditation Committee to the Foundation.
9. Stakeholders are informed by the PMO of the on-site visit of the External Evaluation/Certification Committee of the ESDP or MA.
10. Monitoring and support by the PMO of the external evaluation/certification process during the on-site visit of the External Evaluation/Accreditation Committee.
11. Making any comments or remarks on the draft of the ESDP or QA accreditation report, which has been communicated to the Foundation by the NIFAE, their approval by the PMO and sending them to the NIFAE.
12. Receipt of the final external evaluation/certification report of the Commission and the decision of the HEAE to grant or not accreditation by the PMO.
13. Information by the MQEDIP of the competent bodies (Department, Faculty, Senate, Administration) regarding the final decision on the granting or not of accreditation.
14. Possible submission of an objection by the Foundation against the decision of the NCAE.
15. Preparation of a Monitoring Report of the ESDP or MA by the PMO and their submission to the NIFAE.



16. Preparation and support by the PMO for the possible progress visit to the Institution by two members of the initial External Evaluation/ Accreditation Committee of the ESMS or MA at the Institution.

Parties involved:

Management Bodies, competent Decision-Making Bodies according to Law 4957/2022, MOHIP, NACEAE, External Evaluation/Recognition Committee, Dean's Office, President of the Department, General Assembly of the Department, OMEA, students, alumni, teaching and administrative staff, social partners.

Timeline:

It shall be determined by the activation of the procedure by the NCAE.

Related documents:

1. Call for proposals for ESMS or MA certification by the NIFAE
2. Proposal for the certification of the ESMS or the Foundation's or the Department's, based on the template/model of the NIFAE
3. Programme for an on-site visit by the External Evaluation/Certification Committee
4. Draft of the External Evaluation/Certification Report for the ESMS or QMS
5. Document of comments on the submitted draft of the External Evaluation/Certification Report of the ESS or the EPC
6. Final External Evaluation/Certification Report of the ESMS or QMS
7. Decision of the NCAE to grant certification of the ESMS or MA

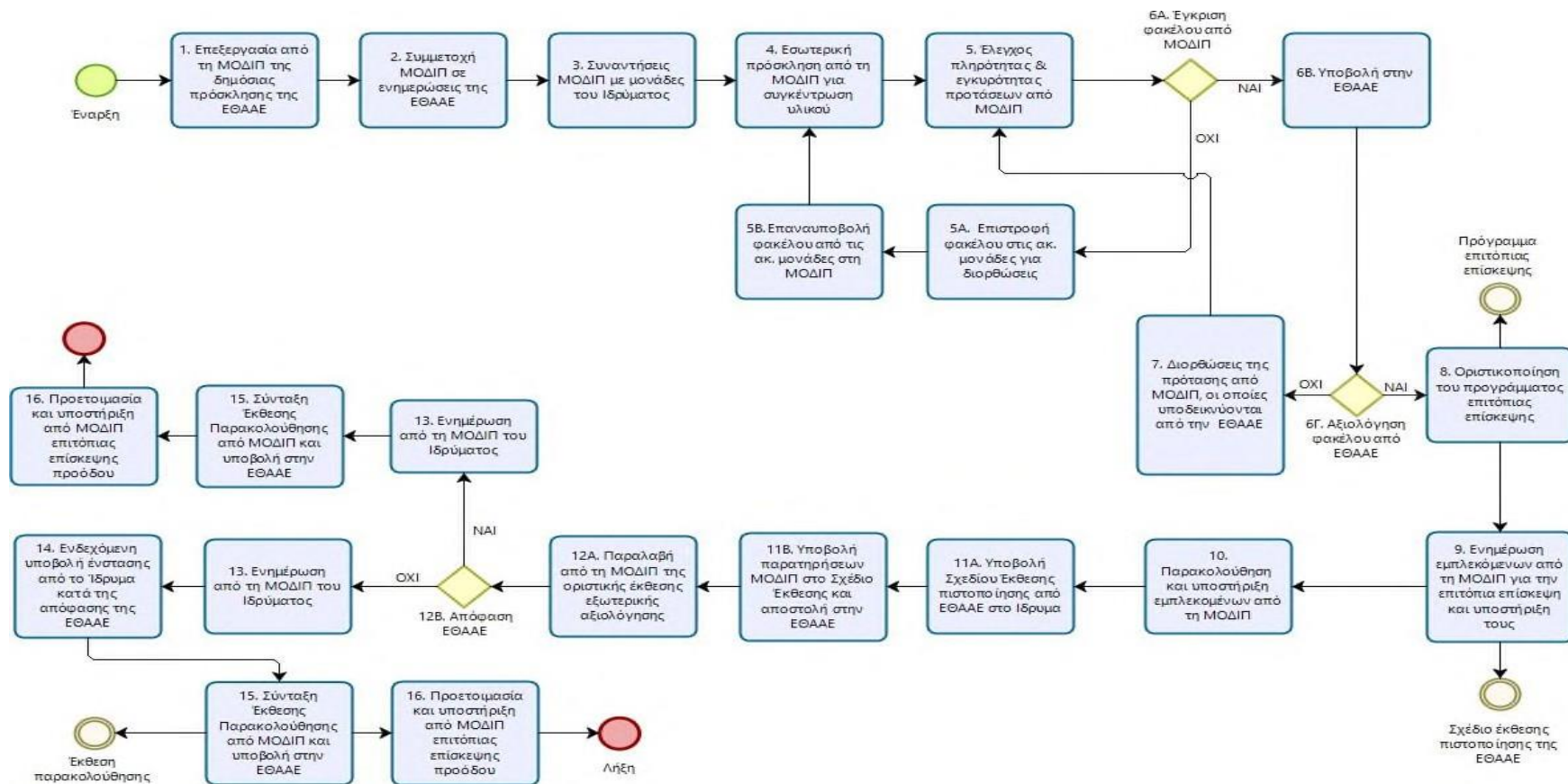


Figure 7. 1 Process 7.1



ANNEXES

A. List of procedures

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Γ. Forms

Process 4

INTERNAL EVALUATION/REVIEW PROGRAMME	
DATE OF THE MEETING OF THE MODIP Click here to enter a date.	NO. MEETING Click here to enter text. SOURCES
ISSUES	
Click here to enter text.	
Click here to enter text.	
Click here to enter text.	
Click here to enter text.	
Click here to enter text.	
Click here to enter text.	



STATE OF FINDS	
EVALUATOR RESPONSIBLE FOR THE EVALUATION OF THE MODEL Click here to enter text.	DATE Click here to enter a date.
ISSUE: Click here to enter text.	
Click here to enter text.	
PROPOSED CORRECTIVE/PREVENTIVE ACTIONS	
Click here to enter text.	
Delivery Deadline Click here to enter a date.	Responsible Evaluator MOHIP (signature)



INTERNAL EVALUATION REPORT	
DATE OF THE MEETING OF THE MODIP Click here to enter a date.	NO. MEETING Click here to enter text.
ISSUES - DECISIONS	
Click here to enter text. To	Click here to enter text.
Click here to enter text. To	Click here to enter text.
Click here to enter text. To	Click here to enter text.
Click here to enter text. To	Click here to enter text.
Click here to enter text. To	Click here to enter text.
The President of the MOHIP (signature)	The Secretary of the MOHIP (signature)



LIST OF PREVENTIVE/CORRECTIVE ACTIONS			
MODIP MEETING DATE: Click here to enter a date.		MODIP MEETING NUMBER: Click here to enter text.	
PREVENTIVE ACTIONS			
ENERGY	PROCEDURE /WORK	DATE OF PLANNED CHANGE	RESPONSIBLE FOR IMPLEMENTATION
Click here to enter text.	Select an item.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Select an item.	Click here to enter a date.	Click here to enter text.
CORRECTIVE ACTIONS			
ENERGY	PROCEDURE /WORK	DATE OF PLANNED CHANGE	RESPONSIBLE FOR IMPLEMENTATION
Click here to enter text.	Select an item.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Select an item.	Click here to enter a date.	Click here to enter text.
The President of the MOHIP		The Secretary of the MOHIP	



registration)	(signature)
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PROPOSALS FOR IMPROVEMENT OF THE ESDP				
MODIP MEETING DATE: Click here to enter a date.			MODIP MEETING NUMBER: Click here to enter text.	
PROPOSALS				
PROPOSAL	PROCEDURE /WORK		DATE OF PLANNED CHANGE	AUTHOR
Click here to enter text.	Select item.	a	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Select item.	a	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Select item.	a	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Select item.	a	Click here to enter a date.	Click here to enter text.
The President of the MOHIP (signature)		The Secretary of the MOHIP (signature)		

REVIEW MINUTES OF THE REVIEW	
DATE OF THE MEETING OF THE MODIP Click here to enter a date.	NO. MEETING Click here to enter text.
1.EVALUATION & PROCESS EFFECTIVENESS & EFFICIENCY PROCESSES AND PROCEDURES	
1.1. Results of internal inspections (commentary-summary)	
Click here to enter text.	
1.2 Performance of the ESS, process efficiency indicators	
Click here to enter text.	
1.3 Results of preventive and/or corrective actions	
Click here to enter text.	
1.4. Assessment of the degree of completion of actions decided in previous reviews by management	
Click here to enter text.	

**1.5 Degree of achievement of the quality objectives of the institution
(monitoring and/or adjustment)**

Click here to enter text.

2.QUALITY POLICY REVIEW

**2.1 Degree of compliance with the principles of the
IP (commentary-summary)**

Click here to enter text.

2.2. Proposals for improving the IP

Click here to enter text.

Click here to enter text.

3.STRATEGY REVIEW

3.1. Degree of achievement of strategic objectives

Click here to enter text.

3.2. Proposals for improving the implementation of the strategy

Click here to enter text.

3.3. Proposals for the revision of the strategy

Click here to enter text.

4.PROPOSED CHANGES & IMPROVEMENTS TO PROCESSES/PROCEDURES IN THE ESF

B1. Process title

Select an item.

B2. Title of procedure

Select an item.

B3. Problems identified

<p>Click here to enter text.</p>
B4. Proposed changes - improvements
<p>Click here to enter text.</p>