



YEREVAN HAYBUSAK UNIVERSITY

Quality Assurance Manual

A comprehensive guide to quality

Adopted by the YHU Academic Council at Session No. 1 of the 2026-27 academic year on 13 October 2026.



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The Manual at a glance

Quality means

Fitness for purpose and continuous improvement, in partnership with students (chapters 4, 8)

Four levels

University → institute → study programme → course, each with its own owner (chapters 5, 6)

Annual cycle

Course reports → programme reports (September) → annual quality report (November–December) → management review (January) (chapter 7)

Periodic review

Every programme at least every five years, with an external expert and a student (chapter 17)

Your voice

Surveys, representatives, complaints and “You said, we did” (chapters 8, 28)

Integrity and AI

Prevent, detect, respond fairly, learn; AI rules in every syllabus (chapters 9, 22)

External standards

ESG 2015 and the ESG 2027 draft, HAKA’s twelve standards, international models (chapters 3, 18)

Where the rules are

Register at haybusak.am/dx: the Manual explains, regulations bind (chapter 1, Annex L)

Acknowledgements

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Part I. Foundations

1. Introduction

1.1 Purpose of the Manual

This Manual is the comprehensive guide to quality at Yerevan Haybusak University (YHU). It brings together the principles, structures, processes, tools and timetable of the internal quality assurance (IQA) system, explaining how YHU plans, delivers, checks and improves the quality of its education, research, service to society and support services, who is responsible for what, and which documents are binding. It is built on the best European and international models (chapter 3).

1.2 Who the Manual is for

- **Students:** their rights, their voice and how they take part in quality assurance
- **Teachers and Heads of Chair:** syllabi, teaching, assessment, feedback and professional development
- **Programme Managers and SP working groups:** designing, monitoring and reviewing study programmes
- **Directors of institutes, the Academy, the College and other subdivisions, and council members:** decisions, resources and accountability
- **Administrative and support staff:** service quality, data and public information
- **External stakeholders:** employers, alumni, partners, experts and accreditation agencies.

1.3 Status and relationship to other documents

The Manual is a guide (G series) adopted by the Academic Council. It creates no new obligations: it brings together and explains the requirements of YHU's Strategy (S0125), policies and regulations, and sets out good practice. The hierarchy of documents is: law → YHU Charter → strategies and plans (S) → policies, regulations and procedures (R) → guides and manuals (G). Where the Manual and a regulation differ, the regulation prevails, and the CDEQA corrects the Manual without delay (R11).

The Manual replaces the 2022 edition of the YHU Education Quality Assurance Manual. The regulations reproduced in the annexes of the previous edition are no longer repeated; instead, the Manual refers to the YHU register of documents (Annex L), which is the single source of binding texts.

1.4 Scope

The Manual applies across all YHU institutes (the Medical Institute, the Institute of Economics and the Institute of Law and International Relations), the Roslin Academy of Arts and Humanities and every other subdivision. It covers study programmes at every level and in every mode (full-time, part-time, hybrid, online), programmes taught in Armenian, English and Russian, joint programmes, lifelong learning courses and micro-credentials, and research, service to society and support processes. Haybusak College applies the Manual as far as it is relevant to vocational education.

1.5 How the Manual is organized

Table 1.1. Parts of the Manual

Part	Content	Chapters
I. Foundations	Purpose, values, legal and international framework, what quality means	1–4
II. The system	Architecture, governance and roles, quality cycle and calendar, students and stakeholders as partners	5–8
III. Quality in practice	The ten ESG Part 1 standards at YHU	9–18
IV. Beyond the programme	Research, society, internationalization, digital education and AI, inclusion, governance, services	19–25
V. Tools for improvement	Self-evaluation and maturity, internal audit, complaints, training, review of the Manual	26–30

Part	Content	Chapters
Annexes	Crosswalk, Bloom's taxonomy, calendar, indicators, surveys, templates, checklists, RACI, maturity rubric, glossary, references, register, user roadmap	A–M

1.6 What is new since the 2022 edition

- built around ESG 2015 Part 1 and HAKA's twelve institutional accreditation standards, and already reflecting the ESG 2027 draft
- benchmarked against international models: ISO 21001, EFQM 2025, the UK Quality Code 2024, WFME 2020 and others
- binding rules are not repeated: every chapter refers to the relevant YHU regulations and guides
- new chapters on digital education and AI, inclusion and wellbeing, the quality of support services, internal audit and maturity self-assessment
- new guidance on writing learning outcomes with Bloom's taxonomy, indicators with thresholds, a survey question bank, templates, checklists and a RACI matrix
- published in separate Armenian and English versions, and aligned with Strategy 2025-30.

1.7 Conventions

- codes in brackets (for example R45, G41) refer to YHU documents (Annex L)
- "ESG 1.x" means a standard of ESG 2015 Part 1; "ESG 2027" refers to the public consultation draft of November 2025
- "must" refers to requirements set by regulations; "should" and "is recommended" refer to good practice
- "International good practice" boxes show how leading systems handle the same question.

How to use this Manual

- **Teacher:** chapters 10, 11, 13 and 22, Annexes B and F
- **Programme Manager:** chapters 7, 10, 15, 17 and 21, Annexes C–G
- **Student:** chapters 8, 11, 12, 14, 23 and 28
- **Manager or council member:** chapters 5–7, 17, 18, 24 and 26, Annexes H and I
- **Administrative staff:** chapters 14–16, 25 and 28.

2. Mission, vision, values and strategy

Quality is measured by how far YHU fulfils its mission. The mission, vision and values below are taken unchanged from YHU's Strategy (S0125v2026).

Mission: Haybusak teaches, conducts research, and serves society, preparing competent professionals, researchers, and citizens who improve the lives of their communities.

Vision: thousands of professionals and scientists who consistently improve the well-being of people and communities while preserving the environment.

2.1 Core values

- **Academic freedom and autonomy**
- **Diversity, equity and inclusion**
- **Respect, trust and leadership**
- **Responsibility and accountability.**

The full statement of the values is in the Strategy and the Code of Ethics (R21). In quality assurance, they call for honest self-assessment, accountability and services that are accessible to every student.

2.2 Link to the Strategy

The IQA system serves the Strategy in three ways:

- it translates strategic objectives into measurable indicators (Annex D), whose targets are set in the annual Operational Plan (S0126)
- it provides evidence of progress through the performance management system (S41)
- it feeds the findings back into the following year's planning, budget and allocation of resources (chapter 24).

2.3 Quality objectives of the Manual

The Manual serves the following quality objectives, whose achievement the CDEQA assesses in the annual quality report:

1. every study programme is outcomes-based, monitored annually and reviewed on time
2. students are partners in quality assurance at every level
3. decisions rest on reliable data and feedback
4. YHU succeeds in institutional and programme external reviews
5. quality culture is widely shared and visible in everyday work.

3. Legal and international reference framework

Quality assurance at YHU rests on national legislation, the agreed instruments of the European Higher Education Area (EHEA) and the best international models. YHU does not seek certification against these models unless it decides so separately: they serve as benchmarks.

3.1 National legal framework

- **RA Law on Higher Education and Science** (HO-285-N, in force since October 2025): institutional autonomy and the right to adopt internal regulations, integration into the EHEA, micro-qualifications, recognition of foreign qualifications
- **RA Law on Education**: lifelong education, recognition of the outcomes of non-formal and informal learning
- **National Qualifications Framework (NQF)**: eight levels, and the state educational standards (ES)
- **RA Law on the Protection of Personal Data**
- **YHU Charter and internal legal acts** (Annex L).

3.2 European framework

- **ESG 2015**: Standards and Guidelines for Quality Assurance in the EHEA
- **HAKA institutional accreditation standards**: the basis of YHU's external institutional accreditation (3.4)
- **EHEA fundamental values** (Tirana, 2024): academic freedom, academic integrity, institutional autonomy, participation of students and staff in governance, public responsibility of and for higher education
- **QF-EHEA and EQF**, and the **ECTS Users' Guide (2015)**
- **Lisbon Recognition Convention**: ratified by Armenia in 2005; the national information centre is ARMENIC
- **European Approach for Quality Assurance of Joint Programmes** (adopted in Yerevan, 2015)
- **European approach to micro-credentials** (Council Recommendation, 2022)
- **Principles of the social dimension** (Rome, 2020)
- **European Code of Conduct for Research Integrity** (ALLEA, 2023) and the **CoARA Agreement** (2022).

3.3 ESG 2027

The public consultation draft was published in November 2025; the final text is to be approved by the BFUG and adopted by ministers in 2027. Until then, ESG 2015 applies. Within 12 months of adoption, the CDEQA carries out a conformance review. The main changes are already reflected in the Manual:

Table 3.1. Main changes in the ESG 2027 draft

Standard	Change	Chapter
1.2	Design, approval, monitoring and periodic review in one standard	10, 17
1.5	Covers other staff involved in education, and staff evaluation	13, 25
1.6	“Learning environment”, including infrastructure	14
1.8	Outcomes of quality assurance are also published	16
General	Stronger role for students; partner and transnational provision covered	8, 21

3.4 HAKA institutional accreditation standards

YHU’s external institutional accreditation is carried out by the Estonian Quality Agency for Education (HAKA). HAKA is a member of ENQA and registered on EQAR, and its reports and decisions are published in DEQAR. Institutional accreditation assesses whether the university’s management, work organisation, teaching and research meet twelve standards (Table 3.2). For each standard the expert panel concludes that it conforms, partially conforms or does not conform to requirements, or is worthy of recognition. The process consists of a self-evaluation report, a visit by an international expert panel and a decision of the HAKA Assessment Council: accreditation for seven years, accreditation for three years with shortcomings to be remedied, or refusal of accreditation (chapter 18). Annex A shows which chapters of the Manual correspond to each standard.

Table 3.2. HAKA institutional accreditation standards and chapters of the Manual

No	HAKA standard	Chapters
1	Strategic management	2, 7, 24
2	Resources	13, 14, 24
3	Quality culture	4–7, 26, 27
4	Academic ethics	9, 28
5	Internationalisation	21
6	Teaching staff	13
7	Study programme	10, 17
8	Learning and teaching	11, 12
9	Student assessment	11, 12
10	Learning support systems	14, 23
11	Research, development and/or other creative activity	19
12	Service to society	20

3.5 International models

Table 3.3. International models and how the Manual uses them

Model	What it offers	Chapters
ISO 21001:2018	Management systems for educational organizations: 11 principles, process approach, management review, internal audit	4, 5, 24, 27
EFQM Model 2025	Direction–execution–results structure and RADAR self-assessment logic	24, 26
UK Quality Code (2024)	12 principles, including students as partners, partnerships and complaints processes	8, 17, 21, 28
TEQSA HESF (2021, Australia)	Threshold standards in seven domains, including learning environment and information management	14, 15
EUA IEP and “Quality Culture”	Four self-evaluation questions, two elements of quality culture	4, 26
WFME BME (2020)	Eight areas of medical education, from mission to governance	10, 18
Advance HE PSF (2023)	Professional standards for teachers: areas of activity, knowledge, values	13, 29
ALLEA (2023), CoARA (2022), DORA	Research integrity and responsible research assessment	9, 13, 19
UNESCO (2023), EU AI Act	AI in education, high-risk uses	22
ENQA (2018, 2023)	Quality assurance of e-learning and micro-credentials	20, 22

References: Annex K.

4. What we mean by quality

4.1 Definition of quality

At YHU, quality means **fitness for purpose and continuous improvement**: the extent to which education, research and services achieve their stated aims, meet the needs of students, society and the labour market, and get better over time.

4.2 Quality assurance and quality enhancement

Quality assurance guarantees that thresholds are met; quality enhancement takes deliberate steps to go beyond them. Each year, the Academic Council may set, on a CDEQA proposal, one or two thematic enhancement priorities (for example “assessment and feedback”).

4.3 Quality principles

- **Student-centred**: decisions are judged by their effect on students’ learning
- **Evidence-based**: conclusions rest on data, feedback and documents
- **Shared responsibility**: quality is everyone’s business, not only the CDEQA’s
- **Partnership**: students and external stakeholders are full partners
- **Transparency**: criteria, processes and results are public
- **Proportionate and risk-based**: attention and resources go where risk is higher, with no unnecessary bureaucracy
- **Integrity and fundamental values**: academic freedom, integrity and non-discrimination
- **Continuous improvement**: plan, do, check, act (PDCA)
- **Closing the loop**: every evaluation ends in action and in a response to stakeholders.

International benchmark

ISO 21001 sets 11 principles for managing an educational organization: focus on learners and other beneficiaries; visionary leadership; engagement of people; process approach; improvement; evidence-based decisions; relationship management; social responsibility; accessibility and equity; ethical conduct in education; and data security and protection. YHU’s principles cover them all.

4.4 A risk-based, proportionate approach

Not every programme or process needs the same attention. Closer scrutiny applies to new programmes, new partners and new modes of delivery (for example online), and to programmes whose indicators are below threshold (Annex D) or which have complaints or external review findings. Units with consistently strong results may use simplified reporting (“earned autonomy”).

4.5 Quality culture

Quality culture has two sides: **shared values and commitment**, and **structures and processes**. The first without the second is a good intention; the second without the first is box-ticking (chapter 29).

4.6 Four questions

Every tool in the Manual, from the course report to institutional self-evaluation, answers the same four questions, which are also used in the European University Association’s Institutional Evaluation Programme:

1. What are we trying to do?
2. How are we trying to do it?
3. How do we know it works?

4. How do we change in order to improve?



Figure 1. The quality cycle (PDCA)

2

Part II.

**The internal quality assurance
system**

5. Architecture of the system

5.1 Levels of quality assurance

Quality is assured at four linked levels. Each level has its own owner, processes and outputs, and information flows both ways: upwards (evidence and reports) and downwards (decisions, resources and support).

Table 5.1. Levels of quality assurance

Level	Main processes	Owner	Key output
University	Strategy, policies, coordination of the IQA system, resources, external accreditation	Councils, Rectorate, CDEQA	Annual quality report, management review, self-evaluation report
Institute, Academy, College	Programme portfolio, unit council decisions, oversight of action plans	Director, unit council	Unit annual summary
Study programme	Design, annual monitoring, periodic review	Programme Manager, SPWG	Programme annual report, action plan
Course	Syllabus, teaching, assessment, student feedback	Teacher, Head of Chair	Course report

5.2 Organizational structure

Education is delivered by the Medical Institute, the Institute of Economics, the Institute of Law and International Relations, the Roslin Academy of Arts and Humanities and Haybusak College, through their Chairs. Learning is supported by central units, including the CDEQA (R031), the Education Methodology Unit (R032), the Research Resource Centre (R033), the library, the international relations and careers services, and the clinical and simulation facilities. The institutes' own regulations carry the codes R025x–R029x in the register.

5.3 The document framework

Documents form a hierarchy, $S \rightarrow R \rightarrow G$, and are drafted, consulted on, adopted and reviewed under R11. All current documents are published in the register (haybusak.am/dx) with a stable address, a code and a control table (adoption, version, next review, owner). Superseded versions are kept in the archive (dx/a). Each year, the CDEQA checks that no review is overdue.

5.4 Process map

- **Core processes:** the study programme life cycle; teaching and assessment; the student life cycle (from admission to alumni); research; service to society
- **Support processes:** human resources; learning resources and infrastructure; information systems; finance; communication
- **Management processes:** strategic planning; performance management; quality assurance; risk management; internationalization.

Every process has an **owner**, a documented procedure, measurable indicators and periodic review. The process owner is responsible for its effectiveness and improvement; the CDEQA provides methodological support and looks after the integrity of the system as a whole.

International benchmark

ISO 21001 follows the common structure of management system standards: context of the organization, leadership, planning, support, operation, performance evaluation and improvement. YHU's IQA system follows the same logic: chapters 2–4 of the Manual cover context and leadership, 5–8 the system, 9–25 operation and support, 15 and 26–27 performance evaluation, and 17 and 26 improvement.

6. Governance, roles and responsibilities

6.1 Governance of quality

Final responsibility for quality lies with YHU's governing bodies within their powers (R02). The University Council (called the Governing Board in R02) sets the strategic direction and oversees results; the Academic Council is responsible for academic standards and the quality of education; the Scientific Council (R023) for the quality of research; and the Rector and the Rectorate for carrying out decisions and providing resources.

6.2 The quality network

Day-to-day quality assurance work is carried out by the quality network, which includes:

- **the CDEQA** as the coordinating and methodological centre (R031)
- **unit quality coordinators** in each institute, the Academy and the College, who link the CDEQA, Programme Managers and Chairs
- **Programme Managers and SPWGs** (R43)
- **student quality representatives** nominated by the Student Council.

6.3 Roles and responsibilities

Table 6.1. Roles in quality assurance

Body or role	Main responsibilities
University Council	Adopts the Strategy and university-wide policies, approves the budget, receives the annual quality report and oversees strategic indicators (R02)
Academic Council	Adopts academic regulations and guides; approves new study programmes, amendments and discontinuation (R42); considers the programme monitoring summary and the annual quality report
Scientific Council	Assures the quality of research, and evaluates research projects and outputs (R023)
Rector and Rectorate	Carry overall responsibility for quality, hold the annual management review, allocate resources and make sure decisions are carried out
Vice-Rectors	Lead quality in their area (education, research, internationalization and others) and give provisional approval to new programme proposals (R42, 3.1)
CDEQA	Coordinates the IQA system (R031): methodological lead; surveys (R37); data and reports; written evaluation of programmes; internal reviews and audit; preparation for accreditation; training; keeping the register and this Manual
Education Methodology Unit (EMU)	Supports student-centred methods, digital learning, teaching materials and timetabling (R032, R461, R462)
Research Resource Centre	Supports research, student research initiatives and the Free Ideas Competition (R033, R58)
Director of institute, Academy or College, and unit council	Responsible for the quality of the unit's programmes: set up SPWGs, are first to discuss proposals, approve and follow up action plans (R42, 3.2–3.3)
Unit quality coordinator	Supports Programme Managers with reports, data and action plans, and liaises with the CDEQA
Programme Manager and SP working group (SPWG)	Design and manage the study programme, carry out annual monitoring and periodic self-evaluation, and draw up and deliver the action plan (R42, R43, G41)
Head of Chair and Chair	Responsible for course content and teaching: approve syllabi and organize peer review and class observation (R46, G41)
Teacher	Writes and updates the syllabus; teaches and assesses against the published criteria (R45); gives feedback; writes the course report; develops professionally (R71)
Students and Student Council	Take part as partners: sit on councils and SPWGs, take part in surveys and reviews, and propose improvements (chapter 8)
Ethics Committee	Considers conduct and academic integrity matters and gives ethical approval to research (R21, R23)

Body or role	Main responsibilities
Human resources management	Ensures transparent selection, professional development and appraisal (R71, R76, R77)
External stakeholders	Employers, alumni and professional bodies advise, sit on SPWGs and advisory boards, provide placements and take part in surveys

The detailed allocation by process: Annex H (RACI).

Remember: the CDEQA coordinates and supports, but quality is “owned” by the unit running the process: the Programme Manager for the programme, and the teacher and Head of Chair for the course.

7. The quality cycle and calendar

7.1 PDCA at every level

Table 7.1. Stages of the PDCA cycle

Stage	What happens	Example at programme level
Plan	Set objectives, indicators, owners and deadlines	PLOs, study plan, annual targets
Do	Run the process and collect data	Teaching, assessment, placements
Check	Analyse data and feedback, and compare with targets	Annual monitoring, surveys, benchmarking
Act	Decide and implement improvements, and tell stakeholders	Action plan, “You said, we did”

7.2 The annual cycle

- 1. Course** (each semester): student evaluation and course report (Annex F)
- 2. Programme** (September): programme annual report and action plan, based on course reports, indicators and feedback (R42, 4.1)
- 3. Unit** (October): unit council discussion of the reports and annual summary
- 4. University** (November–December): annual quality report to the Academic Council and the University Council
- 5. Management review** (January): Rectorate decisions on improving the system, resources and next year’s priorities, which feed into the Operational Plan and the budget.

7.3 The annual quality report

The annual quality report prepared by the CDEQA covers:

- key performance indicators, with trends and thresholds (Annex D)
- a summary of annual programme monitoring and periodic reviews
- the main survey results and the “You said, we did” summaries
- an anonymized analysis of complaints, appeals and academic integrity cases
- follow-up of internal audit and external review findings
- the status of action plans
- the results of the thematic enhancement priorities and proposals for the following year.

7.4 Management review

Once a year, the Rectorate reviews the effectiveness of the IQA system. The inputs are the annual quality report, indicators, audit results, stakeholder feedback, risks and resources. The output is a set of written decisions on improving the system, resources and changes to documents, a summary of which is published.

7.5 The multi-year cycle

Table 7.2. Frequency of quality assurance activities

Activity	Frequency	Owner
Student course evaluation and course report	Every semester	Teacher, Chair, CDEQA
Annual programme monitoring	Annually	Programme Manager, SPWG
Annual quality report and management review	Annually	CDEQA, Rectorate
Class observation	As set in R46	Head of Chair
Internal audit	Annual plan; each unit at least every 3 years	CDEQA
Thematic review	One theme a year	CDEQA, Academic Council
Employer and alumni surveys	At least every 2 years	CDEQA
Quality maturity self-assessment	Every 2 years	CDEQA, units
Periodic programme review	At least every 5 years	SPWG, CDEQA, Academic Council
Institutional self-evaluation and external accreditation	As set by the accreditation term	Rectorate, CDEQA
Review of documents	As set in the control table	Document owner

The main quality assurance activities during the year are shown in the quality calendar (Annex C). At the start of each academic year, the CDEQA publishes an annual plan with exact dates.

7.6 Core thresholds

Targets are set in the Operational Plan (S0126) and may be higher. The minimum thresholds below are common to all units and show the level below which action is needed without delay.

Table 7.3. Minimum thresholds

Indicator	Minimum threshold	Level
Retention (year 1 to year 2)	≥ 80%	Programme
Courses passed at the first attempt	≥ 85% (course: ≥ 70%)	Programme, course
Completion on time	≥ 70%	Programme
Graduates employed or in further study (12 months)	≥ 75%	Programme
Student satisfaction (5-point scale)	≥ 4.0 (course: ≥ 3.5)	Programme, course
Survey response rate	≥ 30%	Course, programme
“You said, we did” summary within 30 days	100% of surveys	All levels
Actions completed on time	≥ 80%	Programme, unit
Complaints resolved on time	≥ 90%	University
Teachers trained during the year	≥ 50%	Chair

A result below a threshold is rated red (chapter 15): at programme level it requires an action plan, at course level a course review in the Chair. Thresholds are reviewed at the annual management review.

8. Students and stakeholders as partners

8.1 Principles

Learners are full partners in quality assurance, not only a source of information. Their participation should be **structured** (set in regulations), **meaningful** (able to influence decisions), **visible** (results are reported), **supported** (through training) and **recognized** (valued and documented).

8.2 Levels of student participation

Table 8.1. Learner participation

Level	Forms of participation
Course	Group representative, mid-semester feedback, course evaluation (R37)
Programme	Student member of the SPWG (R43), a meeting with the Programme Manager each semester, participation in annual monitoring and periodic review
Unit	Student members of the unit council
University	Student members of the Academic Council and the University Council (R02), the Student Council, the Student Scientific Society, participation in consultations on documents (R11)
External	Students in self-evaluation working groups, student experts on external review panels

8.3 Student representatives

- each group elects a representative every year, and each programme a programme representative
- the CDEQA and the Student Council train representatives every year in quality assurance and in collecting and presenting feedback
- representatives' work is recognized with a certificate and, if they wish, in the Diploma Supplement
- issues raised by representatives are logged, and they receive a written response.

8.4 Staff–student meetings

Each semester, the Programme Manager meets the programme's student representatives. Issues discussed, decisions and owners are recorded in minutes and in an action log that is available to students. Unresolved issues go into the programme annual report.

Recommended practice

Each year, YHU and the Student Council may agree a **student partnership agreement** with a few shared priorities (for example quality of feedback, study spaces, wellbeing), owners and a report at the end of the year.

8.5 External stakeholders

Employers, alumni, professional associations, clinical and placement providers and partner universities take part in the design and review of programmes, in placements, in final attestation boards and in surveys. Each institute and the Academy should have an **employer advisory board** that meets at least once a year. Stakeholders' views are documented, and the SPWG responds in writing on how they were taken into account (R55).

8.6 Closing the feedback loop



Figure 2. The feedback loop

Feedback is only worth giving if people see what comes of it. After every survey or consultation, the responsible unit publishes a short “You said, we did” summary stating what has changed, what is planned, and what cannot be done and why. Within 30 days of a survey closing, a summary of the results and the “You said, we did” summary are published on the website and the learning platform, and progress is reported before the next survey.

International benchmark

Principle 2 of the UK Quality Code (2024) requires students to be engaged as partners at every level of decision-making, and the ESG 2027 draft stresses students’ role in internal and external quality assurance. In Scotland, student engagement is supported by a national body (sparqs) that trains representatives and develops partnership agreements.

Related documents

R02	YHU Councils	R11	Policy Development
R37	Surveys	R55	Research Stakeholders
R43	SPWG Terms of Reference		

3

Part III.

**Quality in practice: the ESG
standards at YHU**

Each chapter corresponds to one ESG 2015 Part 1 standard and follows the same pattern: the standard and the ESG 2027 change; ESG expectations and how YHU meets them; key procedures; an international benchmark; and a quick reference (owner, evidence, indicators, documents).

9. Policy for quality assurance, fundamental values and integrity

ESG 1.1

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

ESG 2027 draft: the policy must support a coherent system forming an effective cycle of continuous improvement

ESG expectations and YHU practice

Expectation	At YHU	Documents
Public policy, part of strategic management	The QA Concept, the QA Policy and this Manual are published and linked to the Strategy	R31, R32, S0125
Structures and responsibilities	Governing bodies, CDEQA, quality network, roles and RACI (chapter 6, Annex H)	R02, R031
Academic integrity and freedom, vigilance against fraud	Integrity framework: prevent, detect, respond fairly, learn	R21, R23, G44, G45
Protection against discrimination	Zero tolerance, accessible complaint routes (chapters 23, 28)	R21, R25
External stakeholders involved	SPWGs, advisory boards, surveys	R43, R55, R37
Partner and subcontracted activity covered	Quality assurance clauses in partnership agreements (chapter 21)	S062

9.1 Fundamental values in practice

Table 9.1. EHEA fundamental values at YHU

Value	How it is applied	Documents
Academic freedom	Teachers choose their pedagogy; observation does not judge scholarly positions; partners may not restrict research freedom	R21, R46, R55
Academic integrity	Integrity framework (below)	R21, R23, G44, G45
Institutional autonomy	YHU adopts, and answers for, its own internal regulations	R11
Participation in governance	Students and staff on councils, SPWGs and in consultations	R02, R43, R11
Public responsibility	Service to society and transparent accountability	R13

9.2 The academic integrity framework

- **Prevent:** integrity taught from year one, referencing skills, AI rules in every syllabus (G45), assessment that makes misconduct hard
- **Detect:** similarity checking under G44; a software or AI-detection score is not evidence on its own
- **Respond fairly:** the student is heard, measures are proportionate, decisions can be appealed (R21, R23)
- **Learn:** an annual anonymized analysis of cases leads to changes in teaching and assessment.

YHU's baseline position on generative AI

Generative AI is a legitimate tool for learning and work when it is used responsibly, transparently and within the rules of the course. The following principles apply in every course; the details are in chapter 22 and G45.

- **Authorship:** students and staff are responsible for the work they submit; AI cannot be an author, and its output is checked
- **Course rule:** the syllabus states whether AI is prohibited, limited or permitted; where it says nothing, AI may be used for learning but not to produce assessed work without the teacher's permission
- **Disclosure:** use of AI in assessed work is disclosed; undisclosed or prohibited use is a breach of academic integrity (R21, R23)
- **Fairness:** an AI-detection score is not evidence on its own; the student is heard, and grading decisions are made by people
- **Data:** personal data and other people's unpublished work go only into YHU-approved tools.



Figure 3. The academic integrity framework

Conflicts of interest: no one takes part in a decision in which they have an interest (R24). **Whistleblowing:** wrongdoing can be reported, including anonymously, and whistleblowers are protected against retaliation (R25).

International benchmark

The Council of Europe ETINED platform and ENAI recommend a whole-institution approach to integrity in which prevention comes before sanctions. Principle 1 of the UK Quality Code requires a strategic approach to managing quality.

i	Owner	Rector, CDEQA, Ethics Committee
	Evidence	Published policies, minutes, Ethics Committee annual summary
	Indicators	Integrity cases per 100 students, and outcomes
	Documents	R31 Quality Assurance Concept
		R32 Quality Assurance Policy
		R21 Code of Ethics
		R23 Ethics Committee
		R24 Conflict of Interest
		R25 Whistleblowing
		G44 Anti-Plagiarism Guide
		G45 Guide to the Use of AI

10. Design and approval of programmes

ESG 1.2

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification should be clearly specified and communicated, and refer to the correct level of the national qualifications framework and the QF-EHEA.

ESG 2027 draft: monitoring and periodic review merge into this standard; programmes must reflect the latest academic and professional developments.

ESG expectations and YHU practice

Expectation	At YHU	Documents
Objectives fit the strategy; explicit outcomes	Graduate profile and PLOs mapped to the NQF and EQF	R42, G41
Students, stakeholders and external experts involved	Student and employer on the SPWG; external written review of new programmes	R43
Four purposes of higher education	Employability, citizenship, personal development, knowledge; transversal competences	G41
Smooth progression and ECTS workload	60 ECTS a year, 1 credit = 30 hours, workload checked by surveys	G41
Structured placements	Placements have outcomes, a supervisor, assessment and an agreement with the provider	R42
Formal approval	Unit council → CDEQA evaluation → Academic Council	R42 3.3

10.1 The programme specification

Every programme has a published specification: award, NQF/EQF level, mode, language, duration, ECTS, admission requirements, graduate profile, PLOs, study plan and PLO–course map, teaching and assessment strategy, placements, resources, quality assurance and professional requirements.

10.2 Developing a new programme

Table 10.1. The nine steps in developing a new study programme

Step	Output	Responsible
1. Proposal (R42, 3.1)	Preliminary proposal and rationale	Initiating unit, Vice-Rector
2. Set up the SPWG (R42, 3.2)	Director's decision	Unit director
3. Needs and profile	Needs analysis, graduate profile	SPWG
4. Objectives and PLOs	PLOs, NQF/EQF map	SPWG
5. Structure and ECTS	Study plan	SPWG
6. Mapping	PLO–course map	SPWG, Programme Manager
7. Teaching and assessment	Assessment strategy, syllabi	SPWG, teachers
8. Resources	Resource plan	SPWG, director
9. Internal approval (R42, 3.3)	Unit council decision, CDEQA written evaluation, Academic Council decision	Unit council, CDEQA, Academic Council

Details: R42, G41 (chapter 4), S43. Checklist: Annex G.

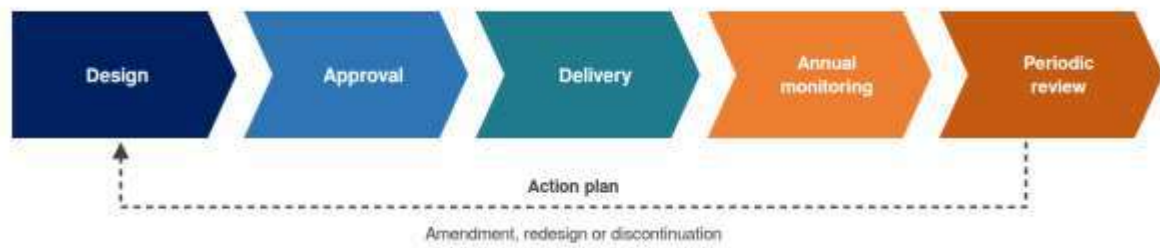


Figure 4. The study programme life cycle

10.3 Learning outcomes and Bloom's taxonomy

An outcome states what a student will be able to do on completing a course or programme. At YHU, outcomes are written with Bloom's taxonomy (revised version): six levels from simple to complex, each building on the one below.

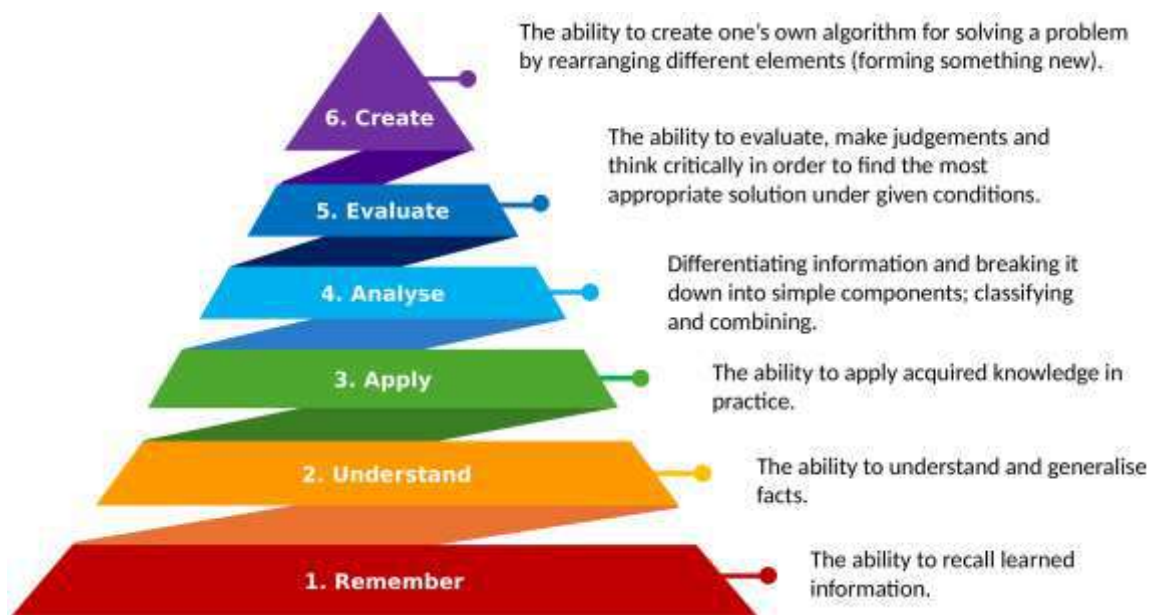


Figure 5. The six levels of Bloom's taxonomy

Table 10.2. Levels of Bloom's taxonomy

Level	Description	Action verbs	Assessment examples
6. Create	The ability to reorganize different elements, generating something new, to create one's own algorithm for solving a problem	design, develop, formulate, construct	project, research, thesis
5. Evaluate	The ability to evaluate, make judgements and think critically in order to find the most appropriate solution under given conditions	evaluate, justify, critique, defend	critical review, debate, case appraisal
4. Analyse	Distinguishing information and breaking it down into simple components, classifying and comparing	analyse, compare, differentiate, organize	case study, data analysis
3. Apply	The ability to use acquired knowledge in practice	apply, calculate, carry out, demonstrate	problems, laboratory work, OSCE
2. Understand	The ability to grasp and generalize facts	explain, interpret, classify, summarize	short answer, summary, concept map
1. Remember	The ability to recall information learned	define, list, identify, name	test, multiple-choice questions

Extended verbs, affective and psychomotor domains: Annex B.

Formula: "On completing the course, the student will be able to" + action verb + object + context or standard (G41, chapter 7).

- one observable, measurable verb per outcome; not “know”, “understand” or “be familiar with”
- bachelor’s: mainly apply–analyse–evaluate; master’s: analyse–evaluate–create
- 3–6 outcomes per course, 8–12 PLOs per programme
- in clinical, arts and practical courses, also skills and attitude outcomes
- **alignment:** if an outcome says “analyse”, students analyse in class and the assessment tests analysis
- **mapping:** every PLO passes through levels I–D–A and is assessed at level A (G41, chapter 8).

10.4 Changes and discontinuation

Table 10.3. Types of programme change

Type	Examples	Approved by
Routine	Literature, thematic plan, methods	Chair (G41, 13.3)
Substantive	PLOs, structure, credits, course titles	Academic Council (R42, 6.2)
Discontinuation	Closure with a teach-out plan	Academic Council (R42, 5)

Changes are approved before the admission campaign and do not disadvantage current students.

10.5 Discipline standards

- **Medicine:** WFME Basic Medical Education standards (2020), eight areas, and the requirements of regulators in the countries where graduates intend to practise
- **Dentistry:** the ADEE competence framework for graduating dentists
- **Economics and management:** EFMD EQUIS and AACSB as reference points
- **Arts:** EQ-Arts sector standards
- **Law:** national professional requirements.

International benchmark

Principle 7 of the UK Quality Code requires programmes that are consistent with qualifications frameworks and comparable; Australia’s TEQSA expects external academic expertise in programme approval.



Owner	Programme Manager and SPWG, unit council, CDEQA, Academic Council	
Evidence	Programme package, CDEQA evaluation, external comments, decisions	
Indicators	Programmes approved on time, PLO coverage	
Documents	R42	Development, Review, Approval and Discontinuation of Study Programmes
	R43	SPWG Terms of Reference
	S43	SPWG Action Plan
	G41	Guidance on Developing Study Programmes and Syllabi
	R51	Research-Based Learning
	R52	Research Competence Courses

11. Student-centred learning, teaching and assessment

ESG 1.3

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

ESG 2027 draft: student-centredness is required at the design stage as well

ESG expectations and YHU practice

Expectation	At YHU	Documents
Diversity respected, flexible paths, varied methods	Active methods, hybrid formats, electives	R01, R462
Autonomy with guidance, mutual respect	Independent study, year tutors, Code of Ethics	R01, R21
Assessors are trained	Assessment training and calibration	R71, R45
Criteria published in advance	Syllabus and rubrics	G41, R45
More than one examiner, feedback	Double marking for high-stakes assessment, external examiner	R45
Mitigating circumstances and appeals	Valid reasons, reasonable adjustments, appeals procedure	R45, R18

11.1 Teaching approaches

- active learning: cases, problem- and project-based learning, simulation, clinical teaching (R01)
- research-based learning in four stages: know, apply, initiate and conduct, create and present (R51, R52)
- work-based learning and placements with outcomes and assessment
- digital and hybrid formats, responsible use of AI (R462, G45, chapter 22).

Syllabus: 11 mandatory sections (G41, chapter 6), published before the semester and presented in the first class; it sets the outcomes, workload, assessment and AI rules (G45).

11.2 Assessment

- **Aligned and valid:** tests the outcomes at the right level
- **Reliable and fair:** rubrics, double marking of high-stakes work, calibration in the Chair
- **Transparent:** criteria and marks published in advance
- **Varied and authentic:** projects, cases, portfolios, OSCE; no over-assessment
- **AI-resilient:** permitted use of AI stated in advance as prohibited, limited or permitted (baseline position: 9.2; G45)
- **With feedback:** timely and specific; within two weeks is recommended unless R45 says otherwise.

Table 11.1. Assessment components of courses (R45)

Component	General	Clinical
Continuous assessment and independent study (clinical: also practical skills)	20	30
Interim assessments	10 + 20	—
Final attestation (clinical: theoretical 20, practical 50)	50	70
Total	100	100

Table 11.2. Grading scale (R45)

Grade	100-point	Letter
Exceptional	100	—
Excellent	96–99	A
Very good	91–95	B+
Good	81–90	B
Satisfactory	71–80	C+
Pass	60–70	C
Fail	<60	D

Pass/fail courses: “S” (≥60) or “U” (<60). The binding text is R45.

Recommended practice: external examiner

For each programme, a teacher from another university reviews a sample of final-year assessments and theses each year and reports on the comparability of standards (Annex F).

11.3 Monitoring the quality of teaching

- **Student course evaluation:** every semester, anonymous (R37, Annex E)
- **Mid-semester feedback:** so that changes help the same group
- **Class observation:** developmental: agreed focus, ratings only with comments, results not used for disciplinary decisions (R46)
- **Peer observation:** between colleagues, with no rating form (R46)
- **Course report:** outcomes, grades, feedback, changes (Annex F).

International benchmark

Principle 11 of the UK Quality Code calls for inclusive teaching and varied assessment that upholds integrity, and external examining assures comparable standards. WFME devotes a separate area to assessment.



Owner	Teacher, Head of Chair, Programme Manager	
Evidence	Syllabi, rubrics, grade distributions, course reports, observation summaries	
Indicators	Student satisfaction, pass rates, appeals	
Documents	R01	Student-Centred Learning
	R45	Assessment Policy and Procedure
	R46	Class Observation
	R51	Research-Based Learning
	R52	Research Competence Courses
	R461	Teaching Materials
	R462	Hybrid and Online Learning Platforms
	G41	Guidance on Developing Study Programmes and Syllabi
	G45	Guide to the Use of AI

12. Admission, progression, recognition and certification**ESG 1.4**

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

ESG 2027 draft: no substantive change

ESG expectations and YHU practice

Expectation	At YHU	Documents
Published, consistently applied admission rules	Requirements and criteria published before each campaign; in English for international applicants	G61
Induction	Induction week: rules, services, integrity	G11
Progression monitored	Semester data, early alerts, year tutors, resit rules	R45
Fair recognition (Lisbon Convention)	Credits recognized unless there is a substantial difference; learning agreements, APEL, micro-credentials	R47, R48

Expectation	At YHU	Documents
Documents explaining the qualification	Diploma and a Diploma Supplement in the European format	—

12.1 Early alerts and support

Each semester, the institutes identify students at risk and offer advice and support. Alerts include:

- two or more failed courses
- low attendance or missed submissions
- accumulating academic debts
- a concern raised by the student, a teacher or the year tutor.

12.2 Recognition procedure

1. application and documents (transcript, programme description, learning agreement)
2. comparison of outcomes, level and workload; a refusal must show a substantial difference
3. a written, reasoned decision within the set time
4. the right to appeal.

Recognition of non-formal and informal learning is governed by R47, and of micro-credentials by R48 and the Law on Higher Education and Science.

International benchmark

Principles 9 and 10 of the UK Quality Code require transparent, fair admissions and support for students throughout their studies. The UNESCO Global Convention (2019) reinforces the recognition principles of the Lisbon Convention.

i		
Owner	Institutes, deans' offices, admissions board, CDEQA	
Evidence	Published rules, admissions data, recognition decisions, Diploma Supplements	
Indicators	Admission, retention, completion on time	
Documents	R45	Assessment Policy and Procedure
	R47	Accreditation of Prior Experiential Learning (APEL)
	R48	Lifelong Learning Policy
	G11	Student Guide
	G61	International Student Guide

13. Teaching and support staff

ESG 1.5

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

ESG 2027 draft: covers other staff involved in education delivery, and the evaluation of staff

ESG expectations and YHU practice

Expectation	At YHU	Documents
Fair, transparent recruitment	Open competition with published criteria; Head of Chair elections; titles	R76, R73, R75
Importance of teaching recognized	Teaching counts in the rating and in promotion	R77, R72

Expectation	At YHU	Documents
Professional development	Development plans, pedagogical training, mentoring	R71
Link between research and teaching	Support and incentives for research	R51, R74
Innovation and new technology	Digital and AI literacy training	R462, G45
Evaluation of staff	Rating, student feedback, developmental observation	R77, R46

13.1 The staff life cycle

Table 13.1. The staff life cycle at YHU

Stage	Good practice	Documents
Recruitment	Published job description, competition commission, conflict-of-interest declarations, appeal	R76, R24
Induction	Induction programme and a mentor in the first year	R71
Development	Individual development plan, training, mobility, research support	R71
Appraisal	Annual review, rating, student feedback, observation (developmental)	R77, R46
Recognition	Teaching excellence awards, supplements, titles	R74, R75

13.2 Professional development framework

Teacher development is built around five areas of activity, matching the Advance HE Professional Standards Framework (PSF 2023):

1. designing and planning learning activities and programmes
2. teaching and supporting learning through appropriate approaches and environments
3. assessing and giving feedback for learning
4. supporting and guiding learners
5. enhancing practice through continuing professional development.

13.3 Responsible research assessment

In staff appraisal and promotion, journal metrics are not a proxy for quality, candidates may submit a narrative of their most significant outputs, and teaching, supervision and service also count (R74, R75). This follows the CoARA Agreement and DORA.

Support staff: transparent recruitment, development plans and appraisal also apply to learning support and administrative staff (chapter 25).

International benchmark

Advance HE's PSF 2023 recognizes teaching expertise at four levels (from Associate Fellow to Principal Fellow). YHU can use the framework for an internal training and recognition scheme.



Owner	Rectorate, human resources, institutes, Chairs
Evidence	Competition records, development plans, training log, anonymized observation summary
Indicators	Qualifications, share trained, student–staff ratio

Documents	R71	Staff Development
	R72	Remuneration Policy
	R73	Head of Chair Election
	R74	Additional Payments
	R75	Academic Titles
	R76	Teacher Selection
	R77	Teacher Rating
	R46	Class Observation

14. Learning environment: resources and student support

ESG 1.6

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

ESG 2027 draft: renamed “learning environment” and includes infrastructure

ESG expectations and YHU practice

Expectation	At YHU	Documents
Funding for learning and teaching	Resource needs are built into the annual budget	S0126
Physical and virtual resources	Library, databases, laboratories, simulation, clinical facilities, e-learning platform	R461, R462, R54
Qualified support staff	Support staff development	R71
Needs of a diverse student body	Working, international and disabled students	G61
Students informed about services	Student Guide and induction week	G11

14.1 Student support services

Table 14.1. Services

Service	What it provides
Academic advising	Year tutors, study choices, support after early alerts
Careers	Advice, placements, links with employers, alumni network
Wellbeing	Psychological support and referral
Inclusion	Reasonable adjustments, accessible spaces and materials (chapter 23)
International students	Visas, residence, integration, language (G61)
Library and IT	Resources, academic writing support, digital skills

Services have published standards (chapter 25), and students rate them once a year. In emergencies, continuity of learning is assured under R18.

International benchmark

Australia’s TEQSA framework treats the learning environment as a domain of its own, and Principle 3 of the UK Quality Code requires resources that secure accessible, innovative learning.



Owner	Rectorate, heads of learning resources and support services
Evidence	Resource plans, service standards, usage data, surveys
Indicators	Rating of resources and services

Documents	R461	Teaching Materials
	R462	Hybrid and Online Learning Platforms
	R54	Research Infrastructure
	R18	Emergency Operating
	G11	Student Guide
	G61	International Student Guide

15. Information management

ESG 1.7

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

ESG 2027 draft: the information must also be reliable

ESG expectations and YHU practice

Expectation	At YHU	Documents
Key performance indicators	A single indicator set with thresholds (Annex D)	S41
Profile of the student population	By programme, language, country, mode	—
Progression, success and drop-out	Semester and annual data by programme	R45
Student satisfaction	Surveys (Annex E)	R37
Graduate careers	Graduate tracking after 1 and 3 years	R37
Students and staff involved in analysis	Data are discussed in SPWGs and councils	R43

15.1 Data governance

- **Data owner:** every data set has an owning unit
- **Data dictionary:** common definitions and calculation rules for indicators (Annex D)
- **Single source:** official figures come from one system and are checked before publication
- **Access:** Programme Managers and units receive their data through dashboards
- **Protection:** personal data are processed lawfully; data protection risk is assessed for new systems; information security follows ISO/IEC 27001 as a reference.

15.2 Indicators and thresholds

Targets are set in the Operational Plan (S0126). Indicators are rated in three colours:

- **Green:** target met
- **Amber:** up to 10% below target, or declining
- **Red:** more than 10% below target, below the minimum threshold (Table 7.3), or declining two years in a row; requires an action plan and may trigger an unscheduled review (chapter 17).

15.3 Surveys

- surveys run under R37 with short, standard questionnaires that are comparable year on year (Annex E)
- students help design the questionnaires
- results are published in aggregate within 30 days of the survey closing, together with the “You said, we did” summary (chapter 8); individual results go only to the teacher and their line manager; results with fewer than 5 responses are not published
- low response rates are analysed and conclusions drawn with caution
- graduate tracking (after 1 and 3 years) provides data on employment and the usefulness of PLOs.

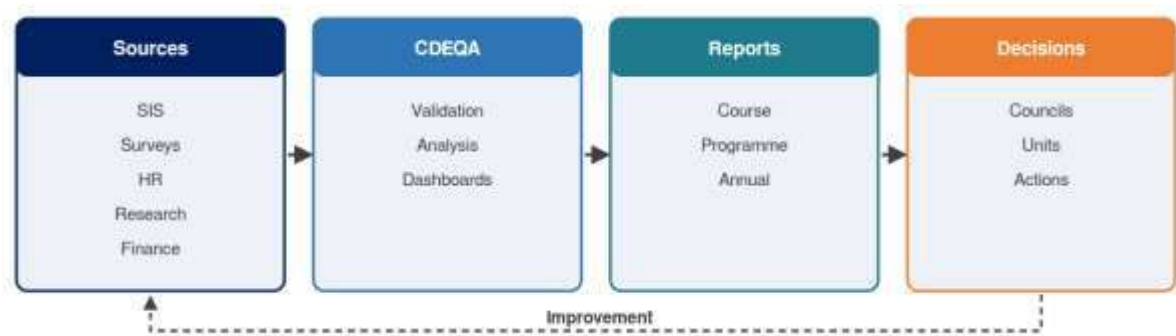


Figure 6. From data to decisions

International benchmark

Principle 4 of the UK Quality Code requires qualitative and quantitative data to inform and evaluate quality. The 2017 Council Recommendation encourages systematic graduate tracking.



Owner	CDEQA, data-owning units	
Evidence	Data dictionary, dashboards, survey reports	
Indicators	Survey response rates, timely availability of data	
Documents	R37	Surveys
	S41	Performance Management
	S0126	Operational Plan 2026-27

16. Public information

ESG 1.8

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

ESG 2027 draft: the outcomes of quality assurance processes must also be published, for different target groups

ESG expectations and YHU practice

Expectation	At YHU	Documents
Information on programmes and selection criteria	Programme specification, admission requirements, fees	R42, G41
Outcomes, qualification, teaching and assessment	PLOs, syllabi, assessment rules	G41, R45
Pass rates and graduate employment	Indicators by programme	S41
Outcomes of quality assurance	Summary of the annual quality report, review summaries, accreditation reports	R32
Clear, accurate, up to date, accessible	An owner for every page, annual check, bilingual, accessible format	R11

16.1 Accuracy and accessibility

- every page or publication has an owner who checks it once a year and before each admission campaign
- information is published in Armenian and English, in plain language; documents in the register (haybusak.am/dx)
- the website and documents meet WCAG 2.2 level AA

- changed information is updated within ten working days.

16.2 Ethical recruitment

YHU works with representatives and agents who recruit international students under a written contract requiring accurate information on programmes, fees, recognition of the qualification and living conditions. Agents are trained, their work is monitored through student feedback, and the contract is terminated in case of breaches.

International benchmark

Principle 9 of the UK Quality Code requires accurate information for applicants, and the UK and Australia have national codes of conduct for international education agents.



Owner	Units (for their own information), communications service, CDEQA	
Evidence	Published information, check log, agent contracts	
Indicators	Currency of information, applicant complaints	
Documents	R11	Policy Development
	S0125	Roadmap of Change: Strategy 2025-30
	S0126	Operational Plan 2026-27
	G61	International Student Guide

17. Monitoring and periodic review of programmes

ESG 1.9

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

ESG 2027 draft: merged into standard 1.2

ESG expectations and YHU practice

Expectation	At YHU	Documents
Content in the light of the latest research	Annual update of literature and content	G41
Changing needs of society	Employer and alumni views, labour market data	R37
Workload, progression, completion	Indicators and workload surveys	S41
Effectiveness of assessment	Grade distributions, external examiner report	R45
Student expectations and satisfaction	Surveys, representatives' meetings	R37
Fitness of the learning environment	Rating of resources and services	—
Results communicated, revised specification published	"You said, we did", review summary	R42

17.1 Annual monitoring

1. at the end of each semester, the teacher writes a course report and the Chair discusses the reports
2. the SPWG, led by the Programme Manager, analyses indicators, reports, surveys, external views and progress on the previous action plan (R42, 4.1)
3. the programme annual report and new action plan are discussed by the unit council
4. the CDEQA prepares a summary of all programmes for the Academic Council.

17.2 Periodic review

Every programme undergoes a comprehensive review at least once every five years (R42, 4.2).

Table 17.1. Stages of periodic review

Stage	What happens	Timing
Preparation	The CDEQA provides data; the review panel is appointed	–6 months
Self-evaluation	The SPWG writes an analytical report and benchmarks against at least three programmes, one abroad (Annex F)	–3 months
Visit	The panel meets students, alumni, employers and teachers	0
Report and decision	Conclusions and recommendations; Academic Council decision	+1 month
Action plan	With owners and deadlines; a summary is published	+2 months
Follow-up	Progress report	+12 months



Figure 7. Periodic review timeline

- **Review panel:** a chair from another unit, an external academic expert, an employer, a student and a CDEQA secretary
- **Possible outcomes:** approval; approval with recommendations; approval with conditions; or suspension of admissions pending redesign.

17.3 Unscheduled review

- a key indicator is red two years in a row (Annex D)
- a material external review finding
- a change in legislation or in the educational standard
- serious complaints or systemic integrity problems.

17.4 Closing the loop

All actions (from programmes, reviews, audits and external reviews) are logged in a single CDEQA action log with an owner, a deadline and a status. Outstanding actions and the reasons are reported in the annual quality report.

International benchmark

Principle 5 of the UK Quality Code requires regular monitoring and review involving students, staff and external expertise.



Owner	Programme Manager and SPWG, unit council, CDEQA, Academic Council
Evidence	Course reports, annual reports, review reports, action log
Indicators	Programmes reviewed on time, actions completed on time

Documents	R42	Development, Review, Approval and Discontinuation of Study Programmes
	R43	SPWG Terms of Reference
	G41	Guidance on Developing Study Programmes and Syllabi
	R37	Surveys

18. Cyclical external quality assurance

ESG 1.10

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

ESG 2027 draft: renumbered 1.9; no substantive change

18.1 Forms of external review

- **Institutional accreditation:** HAKA, according to the accreditation term
- **Programme accreditation:** HAKA or an EQAR-registered agency
- **Discipline accreditation:** for medicine, an agency recognized by WFME; for arts, EQ-Arts; for business, EFMD or AACSB, by strategic decision
- **External experts:** in periodic reviews and in the approval of new programmes.

Table 18.1. Stages of HAKA accreditation

Stage	YHU actions	Owner
Self-evaluation	Working group including students, evidence base, self-evaluation report against HAKA's twelve standards	Rectorate, CDEQA
External review	Visit by an international expert panel: meetings with management, staff, students, alumni and employers; participants prepared	CDEQA
Decision	Accreditation for seven years, for three years with shortcomings to be remedied, or refusal; report and decision published	HAKA Assessment Council
Follow-up	Action plan based on the panel's recommendations, monitoring of implementation and reporting to HAKA	CDEQA

18.2 Preparation checklist

- ☐ the self-evaluation is analytical and builds on the annual reports
- ☐ follow-up of every recommendation of the previous external review is documented
- ☐ evidence is available in one digital repository
- ☐ students, staff and employers are informed and prepared for the meetings
- ☐ a mock (internal) visit has been held

External review reports are published, and recommendations are entered in the action log (chapter 17). The Medical Institute should follow the WFME recognition programme: a school's accreditation status is shown in the World Directory of Medical Schools, which graduates and employers use.

International benchmark

External review reports are published in EQAR's DEQAR database. Principle 6 of the UK Quality Code treats external review as both assurance and a means of benchmarking.



Owner	Rectorate, CDEQA
Evidence	Self-evaluation reports, panel reports, decisions, follow-up plans

Indicators	Accreditation status, recommendations addressed	
Documents	R31	Quality Assurance Concept
	R32	Quality Assurance Policy
	R031	CDEQA Charter

4

Part IV.

Beyond the programme

19. Research, development and creative activity

The quality of research directly shapes the quality of education: the Strategy commits YHU to science-based education (S0125).

Table 19.1. Assuring the quality of research

Area	YHU practice	Documents
Governance	The Scientific Council evaluates projects and outputs; the Research Resource Centre supports	R023, R033
Integrity	Reliability, honesty, respect and accountability (ALLEA 2023)	R21
Ethics review	Research with people, personal data or animals starts only after Ethics Committee approval	R21, R23
Open science	“As open as possible, as closed as necessary”, FAIR data, data management plans	R53
Infrastructure	Published access rules for shared equipment	R54
Partnerships	Research independence, publication rights, no indefinite embargo	R55
Student research	Research-based learning, four-stage competences, the Student Scientific Society, Free Ideas	R51, R52, R58
Research assessment	Qualitative assessment, narrative CVs, journal metrics are no proxy for quality (CoARA, DORA)	R74, R75

19.1 Ethics review procedure

1. application with the research protocol, consent forms and a data protection plan
2. review; a member with a conflict of interest does not take part
3. decision: approval, changes required or refusal, within the time set in R23
4. monitoring, and fresh approval for substantial changes.

International benchmark

The European Code of Conduct for Research Integrity (ALLEA, 2023) and the CoARA Agreement (2022) are the European benchmarks. The European Charter for Researchers and the HR Excellence in Research award (HRS4R) could be YHU's next step.



Owner	Scientific Council, Vice-Rector for research, Research Resource Centre, Ethics Committee
Evidence	Research reports, ethics decisions, data management plans
Indicators	Peer-reviewed publications, grants, student participation
Documents	R023 Scientific Council R033 Research Resource Centre R21 Code of Ethics R23 Ethics Committee R51 Research-Based Learning R52 Research Competence Courses R53 Open Science R54 Research Infrastructure R55 Research Stakeholders R58 Free Ideas Competition

20. Service to society, lifelong learning and micro-credentials

Service to society (R13): educational, health, cultural and advisory initiatives and volunteering. Each initiative has an aim, a target group and an impact indicator, is linked to the Sustainable Development Goals and is included in the annual quality report.

Lifelong learning (R48): non-formal courses and micro-credentials go through the same quality assurance as study programmes, proportionately: approval by the Chair or unit, outcomes, assessment, participant feedback and periodic review. Credit-bearing micro-credentials can be recognized in study programmes (R47, Law on Higher Education and Science).

20.1 Required elements of a micro-credential certificate

- learner identity, title, awarding body and its country, date
- learning outcomes and workload in ECTS
- level (NQF/EQF) where applicable
- type of assessment and form of participation (on site, online, hybrid)
- type of quality assurance; optionally, prerequisites and conditions for stacking.

International benchmark

The 2022 Council Recommendation sets the European standard elements and ten principles for micro-credentials, and ENQA has developed guidance on their quality assurance.

		
Owner	Heads of outreach and education programmes, Chairs, CDEQA	
Evidence	Initiative log, course approvals, participant feedback	
Indicators	Participants, impact indicators	
Documents	R13	Service to Society
	R48	Lifelong Learning Policy
	R47	Accreditation of Prior Experiential Learning (APEL)

21. Internationalization and partnerships

Internationalization objectives are set in S062 and S61. Quality requirements:

Table 21.1. Quality requirements in internationalization

Area	Requirement
Mobility	Learning agreement before departure and full recognition of credits
International students	Support, integration, ethical recruitment (G61, chapter 16)
Programmes in English	Teachers' language proficiency (at least B2/C1 recommended) and equivalent materials
Joint programmes	Joint design, an agreement and agreed quality assurance (European Approach)
Partners and representations	Due diligence, a contract setting quality responsibilities, annual monitoring
Internationalization at home	International perspectives in curricula, virtual exchange

21.1 The partnership life cycle

1. proposal and due diligence (reputation, accreditation, risks)
2. agreement with clauses on quality, assessment, data and protection of students
3. annual monitoring with student feedback and indicators
4. review, renewal or termination, protecting current students.

International benchmark

Principle 8 of the UK Quality Code requires clear governance of partnerships, and the European Approach for Quality Assurance of Joint Programmes (Yerevan, 2015) allows a single external review for all partners.



Owner	Vice-Rector for international relations, international office, institutes	
Evidence	Agreements, learning agreements, partner monitoring	
Indicators	Mobility, international students, credits recognized	
Documents	S062	Internationalization Strategy and Action Plan
	S61	Internationalization Framework
	G61	International Student Guide
	R47	Accreditation of Prior Experiential Learning (APEL)

22. Digital education and artificial intelligence

22.1 Online and hybrid learning

- design for online delivery: outcomes, interaction, accessibility (R462)
- teacher training in digital pedagogy
- platform reliability, technical support and data protection
- integrity of assessment and student identity checks, proportionately
- student support and monitoring of engagement.

22.2 Rules on artificial intelligence

- every syllabus states in advance whether AI is permitted, limited or prohibited (G45)
- use of AI is disclosed; AI cannot be an author
- student work and personal data go only into YHU-approved tools or with consent
- an AI-detection score is not sufficient evidence on its own; the student is heard
- grading decisions are made by people
- students and staff receive AI literacy training, and required tools are available to all
- the rules are reviewed every year.

22.3 High-risk uses

The EU AI Act classes as high-risk the use of AI in education for admission, evaluating learning outcomes, determining the level of education and monitoring behaviour during tests. At YHU, such tools are used only with human oversight and transparency, after a risk and data protection assessment, and never as the sole basis for a decision.

International benchmark

UNESCO's guidance on generative AI (2023) and the European Commission's ethical guidelines for educators (2022) stress a human-centred approach, and ENQA (2018) has set considerations for the quality assurance of e-learning.



Owner	Education Methodology Unit, IT service, CDEQA	
Evidence	Platform data, list of AI tools, training log	
Indicators	Rating of online courses, AI-related integrity cases	

Documents	R462	Hybrid and Online Learning Platforms
	R461	Teaching Materials
	G45	Guide to the Use of AI
	G44	Anti-Plagiarism Guide

23. Equality, inclusion, wellbeing and sustainability

- **Equality:** no discrimination, harassment or hate speech; a confidential complaint route (R21, R25)
- **Social dimension:** data on under-represented groups, flexible paths, information on financial support
- **Accessibility:** accessible spaces, materials (WCAG 2.2) and individual evacuation plans (R18)
- **Wellbeing:** prevention, early help, referral to specialists, staff training, confidentiality
- **Gender equality:** a gender equality plan is recommended; it is also an eligibility condition in Horizon Europe
- **Sustainability:** the Sustainable Development Goals in programmes and research, an energy-efficient campus (R54).

23.1 Reasonable adjustments

1. student request (confidential)
2. needs assessment
3. agreed adjustment plan
4. teachers informed with the student's consent
5. review every semester.

International benchmark

The principles of the social dimension (Rome, 2020) call for inclusive environments and data-informed policy, and the UK University Mental Health Charter proposes a whole-university approach to wellbeing.

		
Owner	Rectorate, student services, human resources	
Evidence	Adjustments log (confidential), anonymized complaint analysis, accessibility checks	
Indicators	Progress of under-represented groups, wellbeing survey results	
Documents	R21	Code of Ethics
	R25	Whistleblowing
	R18	Emergency Operating
	R54	Research Infrastructure

24. Governance, planning, resources and risk

- **Planning chain:** Strategy (S0125) → Operational Plan (S0126) → unit plans → individual objectives
- **Performance:** units report annually on their indicators (S41)
- **Budget:** resources are allocated with regard to the Strategy and the results of quality assurance
- **Documents:** drafted and reviewed under R11
- **Management review:** annual (chapter 7)
- **Accountability:** the Rector's annual report to the councils and the public.

24.1 Risk management

YHU keeps a risk register, using ISO 31000 as a reference. Each risk has an owner, a likelihood and impact rating, controls and a review date. The register is reviewed annually in the management review.

Table 24.1. Examples of academic risks

Risk	Controls
Loss of, or conditions on, accreditation	Annual cycle, internal audit, follow-up of recommendations
Falling admissions	Portfolio analysis, market data, new programmes
Shortage of qualified staff	Succession plans, development, visiting teachers
Integrity breaches	Prevention, assessment design, fair procedure
Data breach	Access control, backups, training, incident response
Partner failure	Due diligence, contract clauses, student protection plan
Emergency	Business continuity plans (R18, ISO 22301)

International benchmark

The EFQM Model 2025 assesses an organization in three dimensions: direction, execution and results; ISO 21001 requires planning for risks and opportunities.



Owner	Rector, Rectorate, finance service
Evidence	Operational Plan, budget, risk register, management review decisions
Indicators	Delivery of the Operational Plan
Documents	S0125 Roadmap of Change: Strategy 2025-30 S0126 Operational Plan 2026-27 S41 Performance Management R11 Policy Development R18 Emergency Operating R02 YHU Councils

25. Quality of administrative and support services

Support services directly shape the student experience, and the ESG 2027 draft also covers support staff. Each service:

- has an owner and is listed in the service catalogue
- publishes service standards (timelines, availability, contact)
- measures satisfaction and analyses complaints
- simplifies processes and digitizes services
- reports annually, with an improvement plan.

Table 25.1. Examples of service standards

Service	Standard (indicative)
Response to enquiries	3 working days
Certificates and transcripts	5 working days
IT incidents	Acknowledged within 1 working day
Complaints	As in chapter 28

Each service sets and publishes its own standards.

International benchmark

ISO 21001 and ISO 9001 require monitoring of service performance and satisfaction.

		
Owner	Heads of services, CDEQA	
Evidence	Service catalogue, standards, satisfaction data	
Indicators	Standards met, satisfaction	
Documents	R71	Staff Development
	R11	Policy Development

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Part V.

Tools for improvement

26. Self-evaluation and quality maturity

A good self-evaluation answers the four questions (chapter 4) and is analytical, not descriptive:

- conclusions are triangulated across several sources (data, surveys, documents, interviews)
- the weaknesses in the SWOT analysis are named honestly
- results are compared with targets, previous years and peers
- students and external stakeholders take part
- it ends with a realistic action plan.

26.1 RADAR logic

Table 26.1. Elements of RADAR self-assessment

Element	Question
Results	What results do we aim for, and what have we achieved?
Approach	Is our approach sound and integrated?
Deployment	Is it applied in every unit?
Assessment and refinement	How do we measure, learn and improve?

26.2 Levels of quality maturity

Table 26.2. The five maturity levels

Level	Description
1. Initial	Activities are ad hoc and depend on individuals
2. Developing	Procedures are defined but not applied everywhere
3. Established	Procedures are applied systematically and data are used
4. Integrated	Quality is integrated into planning and budget, and the loop is closed
5. Leading	Continuous innovation, benchmarking, practice others learn from

Criteria by dimension: Annex I. Self-assessment every two years.

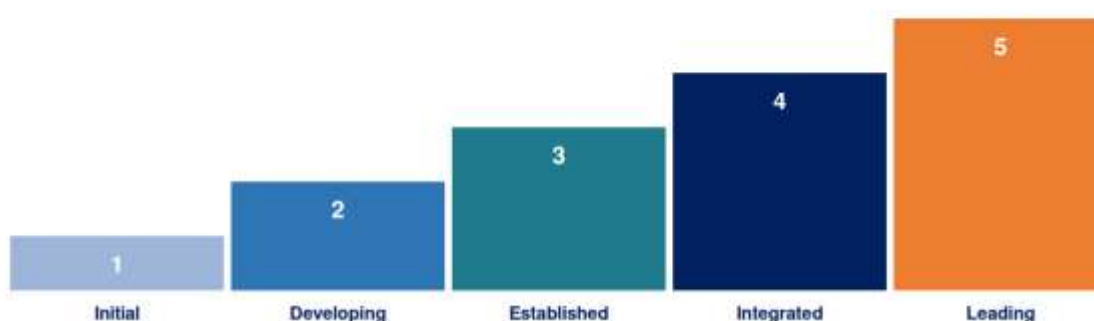


Figure 8. Quality maturity levels

i		
Owner	CDEQA, units	
Evidence	Self-evaluation reports, maturity ratings	
Indicators	Maturity level by dimension	
Documents	R31	Quality Assurance Concept
	R32	Quality Assurance Policy

27. Internal quality audit and thematic reviews

Internal audit checks that the IQA system works as described in this Manual and the regulations. It does not judge academic content.

- the CDEQA draws up an annual audit plan; each unit is audited at least every three years
- auditors are trained and independent of the area audited (ISO 19011 as a reference)
- students may take part as members of audit teams.

1. planning and document review
2. interviews and sampling
3. findings: conformity, nonconformity, observation, good practice
4. report and corrective action plan
5. follow-up.

27.1 Thematic reviews

Each year, one theme is examined across the University (for example assessment and feedback, student support, internationalization). The CDEQA carries out the review with students and reports to the Academic Council; the recommendations become thematic enhancement priorities.

		
Owner	CDEQA, auditors, units	
Evidence	Audit plan and reports, corrective actions	
Indicators	Nonconformities closed on time	
Documents	R031	CDEQA Charter
	R32	Quality Assurance Policy

28. Complaints, appeals and concerns

Table 28.1. Routes for complaints

Matter	Route	Document
Appeal against a grade	Chair, dean's office, appeals board	R45
Breach of conduct or integrity	Ethics Committee	R21, R23
Corruption, abuse or other wrongdoing	Whistleblowing channels, including anonymous	R25
Conflict of interest	Ethics Committee, human resources	R24
Quality of teaching, services or resources	Programme Manager, head of service, Student Council, CDEQA	R01, R37

28.1 Stages

1. **Early resolution:** locally, informally, as quickly as possible
 2. **Formal complaint:** written, registered, impartially investigated, a reasoned decision within the set time
 3. **Review:** the complainant may ask for the decision to be reviewed at a higher level.
- routes are accessible and known to all; deadlines are set in the relevant regulations
 - no one suffers detriment for complaining in good faith
 - the CDEQA analyses complaint trends each year and includes them in the annual quality report.

International benchmark

Principle 12 of the UK Quality Code requires accessible complaints and appeals processes whose outcomes are used for improvement.



Owner	Deans' offices, Ethics Committee, heads of services, CDEQA	
Evidence	Complaints log, decisions, anonymized analysis	
Indicators	Number of complaints and share resolved on time	
Documents	R45	Assessment Policy and Procedure
	R21	Code of Ethics
	R23	Ethics Committee
	R24	Conflict of Interest
	R25	Whistleblowing
	R01	Student-Centred Learning

29. Quality training, communication and recognition

Table 29.1. Training programme

Audience	Topics
New teachers	The IQA system, syllabus, Bloom's taxonomy, assessment, integrity, AI
Programme Managers	Data, annual monitoring, periodic review, benchmarking
Student representatives	Quality assurance, collecting and presenting feedback
Reviewers and auditors	Review and audit methods
Support staff	Service standards, data protection

- **Communication:** a quality page on the website, "You said, we did" summaries, a good practice repository
- **Annual Quality Day:** presenting good practice and student projects
- **Recognition:** awards for teaching excellence and good practice, certificates for representatives.



Owner	CDEQA, Education Methodology Unit, Student Council	
Evidence	Training log, participant feedback	
Indicators	Share of staff and representatives trained	
Documents	R71	Staff Development
	R031	CDEQA Charter

30. Review of the Manual and final provisions

- the CDEQA owns the Manual
- the CDEQA updates the annexes (calendar, indicators, surveys, templates, register) every year and informs the Academic Council
- the main text is reviewed at least every three years, and also within 12 months of the adoption of ESG 2027, or after a change in legislation or an accreditation finding
- the Manual enters into force on adoption by the Academic Council and approval by the Rector, and replaces the 2022 edition.

A-M

Annexes

Annex A. Crosswalk of standards

Table A.1. ESG, HAKA, UK Quality Code and the Manual

ESG 2015	ESG 2027 draft	HAKA	UK Quality Code	Chapter
1.1 Policy for quality assurance	1.1	1, 3	1	9
1.2 Design and approval of programmes	1.2	7	7	10
1.3 Student-centred learning and assessment	1.3	8, 9	11	11
1.4 Admission, progression, recognition	1.4	8, 9	9, 10	12
1.5 Teaching staff	1.5	6	3	13
1.6 Resources and support	1.6	2, 10	3, 10	14
1.7 Information management	1.7	1, 3	4	15
1.8 Public information	1.8	3, 12	9	16
1.9 Monitoring and review	1.2	3, 7	5	17
1.10 External quality assurance	1.9	3	6	18
— Research	—	11	—	19
— Society and LLL	—	12	—	20
— Internationalization and partnerships	—	5	8	21
— Governance and risk	—	1, 2	1	24
— Complaints and appeals	1.3	4, 10	12	28

ISO 21001 clauses: 4 context (ch. 2–3), 5 leadership (6), 6 planning (24), 7 support (13–15), 8 operation (10–12, 19–22), 9 performance evaluation (15, 17, 26–27), 10 improvement (17, 26).

Annex B. Bloom's taxonomy and domains of learning

Table B.1. Cognitive domain: action verbs

Level	Verbs
Create	design, develop, formulate, construct, plan, create, compose, propose, synthesize, conduct research
Evaluate	evaluate, justify, critique, defend, select, prioritize, verify, conclude, recommend
Analyse	analyse, compare, differentiate, organize, categorize, contrast, diagnose, infer
Apply	apply, calculate, carry out, demonstrate, solve, use, perform, measure
Understand	explain, interpret, classify, summarize, describe, paraphrase, give examples, discuss
Remember	define, list, identify, name, reproduce, recognize, state

Avoid: “know”, “understand”, “be familiar with”, “have an idea of”, “be aware of”.

Table B.2. Affective (attitude) domain

Level	Verbs
Receiving	attend to, listen, accept
Responding	participate, discuss, cooperate
Valuing	support, advocate, initiate
Organizing	integrate values, prioritize, justify
Characterizing	act consistently with professional ethics

Table B.3. Psychomotor (skills) domain

Level	Verbs
Imitation	copy, follow a demonstration
Manipulation	perform following instructions
Precision	perform accurately and independently
Articulation	combine skills, adapt
Naturalization	perform expertly, devise a new method

Annex C. Quality calendar

Table C.1. Annual quality assurance calendar

Month	Main activities	Owner
September	Syllabi published, induction week, CDEQA annual plan, programme annual reports	Chairs, CDEQA, SPWGs
October	Reports discussed in units, first-year survey, representatives elected and trained	Units, CDEQA
November	Annual quality report to the Academic Council, mid-semester feedback	CDEQA, teachers
December	Course evaluation, annual quality report to the University Council	CDEQA, Rector
January	Examinations, appeals, management review	Institutes, Rectorate
February	Autumn course reports, survey results, class observation plan	Teachers, Chairs, CDEQA
March	Staff and employer surveys, internal audit	CDEQA
April	Alumni survey, programme amendment proposals, benchmarking	SPWGs, CDEQA
May	Course evaluation, final-year survey, rating of services, thematic review report	CDEQA
June	Final attestation, approval of next year's amendments	Institutes, Academic Council
July	Spring course reports, data consolidation, rating	CDEQA, HR
August	Syllabus updates, check of action plans, next year's plan	Teachers, CDEQA

The calendar is indicative. Exact dates are set in the CDEQA's annual plan.

Annex D. Key performance indicators

Table D.1. Indicator set

Indicator	Definition	Source	Freq.
Admission	New entrants against places and applicants	SIS	Annual
Retention	Share of first-year students progressing to year 2	SIS	Annual
Pass rate	Share of courses passed at the first attempt	SIS	Semester
Completion on time	Share graduating within the normal duration	SIS	Annual
Graduate employment	Employed or in further study 12 months after graduation	Survey	Annual
Student satisfaction	Overall rating of courses and programme	Survey	Semester
Employer satisfaction	Rating of graduates' preparedness	Survey	2 years
Staff qualifications	Share holding a doctoral degree	HR	Annual
Student-staff ratio	Students per full-time equivalent teacher	HR, SIS	Annual
Staff development	Share of teachers trained during the year	HR	Annual
Research output	Peer-reviewed publications and grants per teacher	SC	Annual

Indicator	Definition	Source	Freq.
Mobility	Outgoing and incoming students and staff	IRO	Annual
International students	Share of international students	SIS	Annual
Integrity cases	Cases per 100 students	EC	Annual
Complaints	Share resolved on time	CDEQA	Annual
Action plan delivery	Share of actions completed on time	CDEQA	Annual
Survey response rate	Share of respondents	CDEQA	Semester

Targets: Operational Plan; minimum thresholds: Table 7.3; colour rule: chapter 15. SIS: student information system; HR: human resources; SC: Scientific Council; IRO: international relations office; EC: Ethics Committee.

Annex E. Surveys

Table E.1. Survey matrix

Survey	Respondents	Timing	Use
Course evaluation	Students	End of semester	Course report
Mid-semester feedback	Students	Weeks 6–8	Immediate improvement
First-year experience	First-year students	October	Admission, support
Programme evaluation	Final-year students	May	Programme monitoring
Resources and services	Students, staff	May	Budget, services
Alumni	After 1 and 3 years	April	Employment, PLOs
Employers	Employers, placement providers	March, every 2 years	PLOs, profile
Staff	Teachers, administrative staff	March	Environment, development

The CDEQA runs surveys under R37.

Table E.2. Core course evaluation items (1–5 scale)

Item
1. The learning outcomes of the course were clear
2. The teaching methods helped me learn
3. The assessment criteria were known in advance
4. I received useful feedback in good time
5. The workload matched the credits
6. The resources were adequate
7. The teacher was respectful and approachable
8. Overall, I am satisfied with the course
Open questions: What worked best? What should change?

Annex F. Templates

Table F.1. Report outlines

Document	Sections
Course report	Details (title, ECTS, students); achievement of CLOs; grade distribution; student feedback; what worked and what did not; changes
Programme annual report	Summary; indicators and trends; course reports; feedback; external views; progress on the previous plan; new action plan

Document	Sections
Periodic review self-evaluation	Context; PLOs and NQF; study plan and map; teaching and assessment; students and outcomes; staff and resources; benchmarking; SWOT; actions
Review panel report	Process; strengths; recommendations; conditions (if any); conclusion
External examiner report	Standards against the NQF; fairness and consistency of assessment; good practice; recommendations

Table F.2. Action plan template

Objective	Action	Owner	Deadline	Indicator	Status

Annex G. Checklists

G.1 New study programme

- ☐ needs analysis and graduate profile
- ☐ 8–12 PLOs mapped to the NQF and EQF
- ☐ study plan: 60 ECTS a year, compliant with the ES
- ☐ PLO–course map: every PLO reaches level A
- ☐ assessment strategy and all syllabi
- ☐ student and employer on the SPWG
- ☐ external written comment
- ☐ resource plan and monitoring plan

G.2 Assessment design

- ☐ the task tests the CLO at the right level
- ☐ criteria and rubric published in advance
- ☐ AI rules stated
- ☐ workload is realistic
- ☐ feedback date is known
- ☐ adjustments are taken into account

G.3 Public information

- ☐ programme specification published in Armenian and English
- ☐ admission requirements and fees up to date
- ☐ indicators and quality assurance summaries published
- ☐ page owner and check date shown
- ☐ documents in an accessible format

Annex H. RACI matrix

Table H.1. Responsibilities by process

Process	AC	Rect.	CDEQA	Unit	PM/SP WG	HoC	Teach.	Stud.
New programme design	I	C	C	A	R	C	C	C
Programme approval	A	I	R	R	C	I	I	C
Syllabus	—	—	C	I	C	A	R	I
Course evaluation survey	—	I	A/R	I	I	I	C	C
Course report	—	—	I	I	I	A	R	—
Class observation	—	—	C	I	I	A/R	C	—
Annual monitoring	I	—	C	A	R	C	C	C
Periodic review	A	I	R	C	R	C	C	C
Annual quality report	C	A	R	C	C	—	—	C
Management review	I	A/R	C	C	—	—	—	I
Accreditation self-evaluation	C	A	R	C	C	C	C	C
Grade appeal	—	—	I	A	—	R	C	C
Public information	—	A	C	R	C	—	—	I
Action follow-up	I	—	C	A	R	C	—	I

R: responsible, A: accountable (one), C: consulted, I: informed. AC: Academic Council; PM: Programme Manager; HoC: Head of Chair. The matrix is indicative.

Annex I. Quality maturity rubric

Table I.1. Maturity criteria by dimension

Dimension	Level 3: Established	Level 5: Leading
Policy and strategy	Policy published and linked to the Strategy	Quality objectives drive strategic decisions
Structures and roles	Roles defined and known	The quality network initiates improvement on its own
Processes	Cycles run on time in every unit	Processes are streamlined and benchmarked internationally
Data and evidence	Indicators available and used in reports	Real-time dashboards and predictive analysis
Students and stakeholders	Participate at every level	Co-initiate and co-lead improvements
Improvement and closing the loop	Actions tracked and reported back	Impact is measured and good practice spreads
Quality culture	Quality seen as a shared responsibility	Quality is part of everyday practice without prompting

Annex J. Glossary and abbreviations

Table J.1. Glossary

Term	Definition
Quality assurance	Processes that guarantee agreed requirements are met
Quality enhancement	Deliberate steps to raise quality
Quality culture	Shared values and structures for quality
Learning outcome	What a student can do at the end

Term	Definition
Constructive alignment	Alignment of outcomes, teaching and assessment
ECTS credit	30 hours of total student work (YHU)
Micro-credential	Certified small volume of learning with outcomes and ECTS
External examiner	A specialist from another university who checks comparability of standards
Calibration	Agreement among markers on applying criteria
Management review	Annual review of IQA effectiveness by the Rectorate
Internal audit	Independent check that the system works
Benchmarking	Comparison with others to identify good practice
Closing the loop	Acting on feedback and reporting back

Table J.2. Abbreviations

Abbreviation	Meaning
YHU	Yerevan Haybusak University
CDEQA	Centre for Development and Education Quality Assurance
EMU	Education Methodology Unit
IQA	Internal quality assurance system
SP / SPWG	Study programme / SP working group
CLO / PLO	Course / programme learning outcome
NQF / EQF	National / European Qualifications Framework
EHEA	European Higher Education Area
ESG	Standards and Guidelines for QA in the EHEA
HAKA	Estonian Quality Agency for Education (Hariduse Kvaliteediagentuur)
ECTS	European Credit Transfer and Accumulation System
LLL	Lifelong learning
PDCA	Plan, do, check, act
RACI	Responsible, accountable, consulted, informed
RADAR	Results, approach, deployment, assessment and refinement
SWOT	Strengths, weaknesses, opportunities, threats

Annex K. International references

Titles are given in the original language.

European Higher Education Area

- Standards and Guidelines for Quality Assurance in the EHEA (ESG), 2015
<https://www.enqa.eu/esg-standards-and-guidelines-for-quality-assurance-in-the-european-higher-education-area/>
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<https://haka.ee/en/universities/institutional-accreditation/>
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- ECTS Users' Guide, 2015
<https://op.europa.eu/en/publication-detail/-/publication/da7467e6-8450-11e5-b8b7-01aa75ed71a1>
- European Approach for Quality Assurance of Joint Programmes, 2015
<https://www.eqar.eu/kb/joint-programmes/>

- Council Recommendation on a European approach to micro-credentials, 2022
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- ENQA — Considerations for QA of e-learning provision, 2018
<https://www.enqa.eu/publications/considerations-for-qa-of-e-learning-provision/>
- ENQA — Approaches to quality assurance of micro-credentials, 2023
<https://www.enqa.eu/publications/approaches-to-quality-assurance-of-micro-credentials/>

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- RA Law on Higher Education and Science (HO-285-N, 2025)
<https://www.arlis.am/hy/acts/214346/latest>
- ARMENIC — ENIC/NARIC Armenia
<https://armenic.am/?lang=en>

International models

- ISO 21001:2018 Educational organizations — Management systems
<https://www.iso.org/standard/66266.html>
- EFQM Model 2025
<https://efqm.org>
- UK Quality Code for Higher Education, 2024
<https://www.qaa.ac.uk/the-quality-code>
- TEQSA Higher Education Standards Framework, 2021
<https://www.teqsa.gov.au/how-we-regulate/higher-education-standards-framework-2021>
- WFME Basic Medical Education Standards, 2020
<https://wfme.org/standards/bme/>
- Advance HE Professional Standards Framework, 2023
<https://www.advance-he.ac.uk/teaching-learning/professional-standards-framework>

Research and AI

- ALLEA — European Code of Conduct for Research Integrity, 2023
<https://allea.org/code-of-conduct/>
- CoARA — Agreement on Reforming Research Assessment, 2022
<https://www.coara.org/agreement/the-commitments/>
- DORA — San Francisco Declaration on Research Assessment
<https://sf-dora.org/>
- EU AI Act — Annex III (high-risk uses)
<https://artificialintelligenceact.eu/annex/3/>
- UNESCO — Guidance for generative AI in education and research, 2023
<https://unesdoc.unesco.org/ark:/48223/pf0000386693>

Accessibility

- W3C — Web Content Accessibility Guidelines (WCAG) 2.2
<https://www.w3.org/TR/WCAG22/>

Annex L. Register of YHU documents

All documents are published at haybusak.am/dx. The latest published version of each document applies. Codes follow the register (September 2026).

Table L.1. YHU documents

Code	Title	Adopted
Strategies and plans (S)		
S0125	Roadmap of Change: Strategy 2025-30	11.09.2026
S0126	Operational Plan 2026-27	11.09.2026
S41	Performance Management	24.11.2022

Code	Title	Adopted
S43	SPWG Action Plan	02.06.2025
S61	Internationalization Framework	24.11.2022
S062	Internationalization Strategy and Action Plan	11.09.2026
Policies, regulations and concepts (R)		
R01	Student-Centred Learning	29.09.2025
R02	YHU Councils	29.05.2024
R023	Scientific Council	29.05.2024
R025x	Medical Institute regulations	
R026x	Institute of Economics regulations	
R027x	Institute of Law and International Relations regulations	
R028x	Roslin Academy regulations	
R029x	Haybusak College regulations	
R031	CDEQA Charter	24.11.2022
R032	Education Methodology Unit	
R033	Research Resource Centre	
R11	Policy Development	11.09.2026
R13	Service to Society	29.09.2025
R18	Emergency Operating	11.09.2026
R21	Code of Ethics	27.06.2025
R23	Ethics Committee	29.05.2024
R24	Conflict of Interest	12.12.2022
R25	Whistleblowing	08.07.2026
R31	Quality Assurance Concept	—
R32	Quality Assurance Policy	—
R37	Surveys	—
R42	Development, Review, Approval and Discontinuation of Study Programmes	—
R43	SPWG Terms of Reference	01.06.2025
R45	Assessment Policy and Procedure	11.09.2026
R46	Class Observation	08.07.2026
R47	Accreditation of Prior Experiential Learning (APEL)	—
R48	Lifelong Learning Policy	11.09.2026
R49	Hybrid and Online Teaching	26.06.2025
R51	Research-Based Learning	—
R52	Research Competence Courses	—
R53	Open Science	—
R54	Research Infrastructure	—
R55	Research Stakeholders	—
R58	Free Ideas Competition	—
R71	Staff Development	—
R72	Remuneration Policy	—
R73	Head of Chair Election	—
R74	Additional Payments	—

Code	Title	Adopted
R75	Academic Titles	—
R76	Teacher Selection	—
R77	Teacher Rating	—
Guides and manuals (G)		
G11	Student Guide	—
G31	Quality Assurance Manual (this document)	13.10.2026
G41	Guidance on Developing Study Programmes and Syllabi	13.10.2026
G44	Anti-Plagiarism Guide	26.06.2025
G45	Guide to the Use of AI	11.09.2026
G61	International Student Guide	—

“—”: check the date in the register. R025x–R029x: regulations of the institutes, the Academy and the College.

Annex M. User roadmap

This annex gives a simplified, structured and practical map of the annual actions of the main actors in YHU's quality assurance system. It is intended as a quick orientation tool that complements the relevant chapters of the Manual (5–8, 10–18, 24–28) and makes the processes easier to apply.

M.1 Teacher

Preparation (August–September)

- Review the syllabus for alignment with the NQF, the state educational standards and the ESG
- Update the assessment criteria and rubrics
- Add the rules on the use of AI to the syllabus (chapter 22)
- Check that learning materials are accessible and inclusive (chapter 23).

Teaching (September–December)

- Present the assessment criteria to students (chapter 11)
- Use student-centred methods
- Collect ongoing feedback
- Ensure that the rules of academic integrity are followed (chapter 9).

Assessment (December–January)

- Assess fairly and transparently, using rubrics
- Record cases of AI use
- Make sure appeal routes are accessible (chapter 28)
- Enter grades within the set deadlines.

Analysis (January)

- Complete the course report (chapter 7)
- Identify three improvement steps
- Submit the data to the Programme Manager.

M.2 Programme Manager

Design (August)

- Review the programme structure against ESG 1.2 (chapter 10)
- Check that the learning outcomes are aligned with Bloom's taxonomy (Annex B)

- Update the programme description and public information (chapter 16).

Monitoring (September–December)

- Collect the course reports
- Analyse the performance indicators (Annex D)
- Prepare the annual programme report (September)
- Involve students and stakeholders (chapter 8).

Review (October–November)

- Identify the improvement steps
- Draw up an action plan
- Submit the report to the Director of the Institute.

Periodic review (every five years)

- Prepare the self-evaluation report (chapter 17)
- Organise the external expert's visit
- Ensure conformity with the ESG and HAKA standards (chapter 18).

M.3 Director of Institute / Head of Chair

Resource management

- Ensure the quality of the learning environment (chapter 14)
- Approve the budget and the allocation of resources (chapter 24)
- Support Programme Managers.

Performance management

- Analyse the performance indicators (Annex D)
- Prepare the institute's annual quality report
- Ensure the reliability of data (chapter 15).

Integrity and inclusion

- Ensure that the rules on academic integrity and AI are followed (chapters 9, 22)
- Handle complaints and concerns (chapter 28)
- Ensure an inclusive environment (chapter 23).

M.4 Student

Rights

- Receive fair assessment (chapter 11)
- Take part in surveys (chapter 8)
- Use the appeal routes (chapter 28)
- Have an accessible and inclusive learning environment (chapter 23).

Participation

- Put forward suggestions
- Take part in councils and working groups
- Be involved in periodic reviews (chapter 17)
- Support improvement processes.

M.5 Administrative staff

Service delivery

- Ensure accessibility and inclusion (chapter 23)
- Manage information (chapter 15)
- Ensure student support (chapter 14).

Accountability

- Prepare an annual service quality report (chapter 25)
- Identify the improvement steps
- Ensure data accuracy and transparency.

M.6 Quick orientation table

Table M.1. Roles, documents and annual actions

Role	Key documents	Annual actions	Key chapters
Teacher	Syllabus, rubrics	Teaching, assessment, reporting	10, 11, 13, 22
Programme Manager	Programme description, performance indicators	Monitoring, annual report	7, 10, 15, 17
Director of Institute	Budget, resources	Performance management	5–7, 24
Student	Surveys, appeals	Participation, feedback	8, 11, 12, 23, 28
Administrative staff	Service standards	Data management	14–16, 25

Բնօրինակը	Original	Կրթության-որակի-ապահովման-ձեռնարկ.pdf
Ընդունվել է	Adopted	2017
Այս տարբերակը	This version	G31_YHU-QA_Manual-EN.pdf (v4.0, MR)
Ընդունվել է	Adopted	11.09.2026
Հասցե	URL	https://haybusak.am/dx/g/G31_YHU-QA_Manual-EN.pdf
Հաջորդ վերանայումը	Next planned revision	2030 թ. սեպտեմբեր • September 2030