



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ

Α Δ Ι Π

ΑΡΧΗ ΔΙΑΣΦΑΛΙΣΗΣ ΚΑΙ ΠΙΣΤΟΠΟΙΗΣΗΣ  
ΤΗΣ ΠΟΙΟΤΗΤΑΣ ΣΤΗΝ ΑΝΩΤΑΤΗ ΕΚΠΑΙΔΕΥΣΗ

HELLENIC REPUBLIC

HQA

HELLENIC QUALITY ASSURANCE  
AND ACCREDITATION AGENCY

# Accreditation Report for the Internal Quality Assurance System (IQAS)

**Institution Name: School of Pedagogical and Technological  
Education**

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**Επιχειρησιακό Πρόγραμμα  
Ανάπτυξη Ανθρώπινου Δυναμικού,  
Εκπαίδευση και Διά Βίου Μάθηση**  
Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης



Report of the Panel appointed by the HQA to undertake the review of the Internal Quality Assurance System (IQAS) of the **School of Pedagogical and Technological Education** for the purposes of granting accreditation

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## PART A: BACKGROUND AND CONTEXT OF THE REVIEW

### I. The Accreditation Panel

The Panel responsible for the Accreditation Review of the Internal Quality Assurance System (IQAS) of the Higher Education Institution named: **School of Pedagogical and Technological Education** comprised the following four (4) members, drawn from the HQA Register, in accordance with the Law 4009/2011:

1. Prof. Anastasis C. Polycarpou (Chair)  
*(Title, Name, Surname)*  
University of Nicosia, CY  
*(Institution of origin)*
2. Prof. Nicos Ladommatos  
*(Title, Name, Surname)*  
University College London (UCL), UK  
*(Institution of origin)*
3. Dr. Konstantinos Banitsas  
*(Title, Name, Surname)*  
Brunel University London, UK  
*(Institution of origin)*
4. Dr. Ioannis Michaelides  
*(Title, Name, Surname)*  
Independent Expert/ Former Assoc. Prof. at the Cyprus University Technology, CY  
*(Institution of origin)*

## **II. Review Procedure and Documentation**

*Please refer briefly to the Panel preparation for the IQAS review, as well as to the documentation provided and considered by the Panel. State the dates and of the site visit and describe the visit schedule and the meetings held. Feel free to mention any additional information regarding the procedure, as appropriate.*

The Accreditation Panel (AP) had a meeting on December 3<sup>rd</sup>, 13:30, at the premises of HQA in Athens where the President of HQA, Prof. N. Paisidou, and the General Director of HQA, Dr. C. Besta, informed everybody on the purpose and importance of the accreditation visit at ASPETE. They presented to the members of the panel a detailed and highly informative session on the eight (8) major principles that the accreditation exercise is based upon. Questions by the panel members were asked in order to clarify matters concerning the accreditation procedure and the major points of emphasis. All the relevant documentation was provided to the Panel members well before the meeting in the form of a directory in the Dropbox. Subsequently, on December 4<sup>th</sup>, the AP visited the Athens campus of ASPETE. An agenda and list of participants in the accreditation meetings is provided as Appendix.

### III. Institution Profile

*Please provide a brief overview of the Institution, with reference to the following: history, academic remit, student population, campus, orientation challenges or any other key background information.*

The School of Pedagogical and Technical Education (ASPETE) was established in 2002 based on Article 4, Law 3027/2002. It used to be a technical and vocational training Institute, called SELETE, which was founded in 1959 (Law 3971/1959). ASPETE provides concurrent technological and pedagogical education and training at a university level. Its mission is to promote applied research in educational technology and pedagogy and to provide training or specialisation for current or prospective teachers in secondary education.

The Institution's main campus is located in Athens and it covers an area of approximately 200 acres. The campus consists of 9 buildings including a library, restaurant, dormitories, laboratories, amphitheatre, and more. Courses on pedagogical training, further training or specialisation are taught in 12 cities all over the country. ASPETE has 1<sup>st</sup> cycle undergraduate programmes in 4 disciplines and 2<sup>nd</sup> cycle postgraduate programmes in 1 discipline; another 2 PG programmes will be launched soon. It used to run a total of 8 postgraduate programmes which are now discontinued.

ASPETE has approximately 1800 active students. The Institution admits 400 new students per year. The total number of permanent faculty is 51, the technical staff is 12, and the administrative staff is 46.

## PART B: COMPLIANCE WITH THE PRINCIPLES

### Principle 1: Institution Policy for Quality Assurance

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

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

*The policy for quality is implemented through:*

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

*This policy mainly supports:*

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

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

### Institution compliance

*Please comment on the compliance with the Principle.*

The Accreditation Panel (AP) is pleased to note the following:

- The comprehensive Manual for Quality Assurance for ASPETE.
- The academic target in the ASPETE strategic plan to upgrade the role of the internal quality assurance system (IQAS/ΕΣΔΠ) in line with the requirements of HQA/ADIP (ΑΔΙΠ).

The AP also notes the following quality assurance issues:

- The ASPETE Quality Assurance manual is verbose and rather general (template style) and should be modified thoughtfully so that it is more specifically applicable to the existing structures and needs of ASPETE.
- There was no clear explanation of how the ASPETE internal quality assurance system (IQAS) and particularly QAU played a key role in quality assuring the processes involved in the formulation of current and past ASPETE strategic plans.
- The understanding of the concept of Quality Assurance by QAU and the role it can play in continuous improvement of ASPETE did not appear to be fully understood by members of QAU.
- There is increasing acceptance of Quality Assurance at ASPETE; however the development of quality culture by its internal stakeholders is still at its infancy.

## Panel judgement

*Please tick one of the following:*

Principle 1: Institution policy for Quality Assurance	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	

## Panel Recommendations

*Please provide your recommendations with regard to issues that need to be addressed, as appropriate.*

The AP recommends the following:

- The ASPETE Quality Assurance manual should be revised so that it is specific to the structures, needs and ethos of ASPETE.
- There should be a clear explanation of how the ASPETE internal quality assurance system (IQAS), and particularly QAU, will play a role in quality-assuring the processes involved in the formulation of ASPETE strategic plans.
- All members of QAU should have a clear understanding of Quality Assurance and a full commitment to quality assurance culture; QAU, in conjunction with the Governing Board, should develop a plan of actions (e.g. compulsory seminars) which will inform all internal stakeholders of what Quality Assurance is, how this can play a key role in ASPETE's quality assurance culture, and how the various stakeholders should engage with the work of QAU.

## Principle 2: Provision and Management of the Necessary Resources

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

### Funding

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

### Infrastructure

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

### Working environment

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

### Human resources

*The Institution and the academic units are responsible for the human resources development.*

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

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

## **Institution compliance**

*Please comment on the compliance with the Principle.*

The Accreditation Panel (AP) observed the following:

- The Institution acquires its funding mainly from the regular annual public budget and from two existing vocational programmes on the pedagogical training of high-school teachers (Ε.Π.ΠΑΙ.Κ, Π.Ε.ΣΥ.Π). The Institution does not have significant funding from research oriented activities.
- The Institution has the basic infrastructure (e.g., engineering laboratories, library, restaurant, classrooms, computer rooms, etc.) to ensure the smooth functioning of the educational system. Auxiliary facilities such as computer network, software, Wi-Fi, scientific journal databases, cleaning services, etc. are in place and properly functioning.
- The working environment favours academic performance and productivity. The premises (e.g., laboratories, library, etc.) have central heating, access to Wi-Fi and internet in general; they are clean and maintained in a sufficiently good condition.
- There is provision for free meals for qualifying students and the quality of the food is very good.
- There are dormitories for qualifying students.
- The sports gym was vacant and non-operational.
- The academic and administrative departments are understaffed and this hampers the implementation of the IQAS. There were positive comments by the students regarding the effectiveness of the secretarial staff.
- The Institution has ways to identify needs related to infrastructure and equipment through the use of an appropriate form filled by the department and approved by the department council. However, QAU does not have a role in this process. In other words, it does not have the quality assurance tools or the processes in place to assure the appropriateness of this infrastructure/equipment and/or its compliance with existing provisions and/or international standards.
- The existing laboratory equipment satisfies to some extent the needs of the academic programme; however, there are profound needs for modern equipment and new technologies that comply with current needs of industry. QAU does not have procedures that lead to the existing infrastructure/equipment in the laboratories being state of art.
- Maintenance of equipment, building and other utilities is the responsibility of the Technical Services. QAU does not have adequate monitoring of the Technical Services procedures for quality assurance purposes.
- The management and allocation of funds is the responsibility of the Governing Board of the Institution. The QAU does not have a quality assurance role and, therefore, a stake in this process.

## Panel judgement

Principle 2: Provision & Management of the Necessary Resources	
2.1 Funding	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	
2.2 Infrastructure	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	
2.3 Working Environment	
Fully compliant	<b>X</b>
Substantially compliant	
Partially compliant	
Non-compliant	
2.4 Human Resources	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	

Principle 2: Provision & Management of the Necessary Resources (overall)	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

## Panel Recommendations

*Please provide your recommendations with regard to issues that need to be addressed, as appropriate.*

The Accreditation Panel (AP) suggests the following:

- QAU must create appropriate and effective mechanisms and procedures that lead to appropriate identification of the needs regarding new infrastructure, laboratory equipment, maintenance, and more. These mechanisms must be such as to ensure appropriateness and compliance of the infrastructure/equipment with current state-of-the-art technologies and practices in the industry. Continuous monitoring of the appropriateness of these procedures, in conjunction with direct communication

channels with the involved departments and technical services, must be in place in order to ensure quality in teaching and research.

- QAU should have an advisory and monitoring role regarding the procedures used for the management of funds and other resources. The mechanisms/procedures needed for an effective monitoring system and continuous feedback toward the Governing Board must be identified and implemented.
- QAU must require from the academic and management the creation of appropriate procedures and a framework that promotes self- and peer-evaluation of faculty, based on research-based Key Performance Indicators (KPIs), in an attempt to boost research output and increased participation in research activities.

### Principle 3: Establishing Goals for Quality Assurance

**INSTITUTIONS SHOULD HAVE CLEAR AND EXPLICIT GOALS REGARDING THE ASSURANCE AND CONTINUOUS UPGRADE OF THE QUALITY OF THE OFFERED PROGRAMMES, THE RESEARCH AND INNOVATION ACTIVITIES, AS WELL AS THE SCIENTIFIC AND ADMINISTRATIVE SERVICES. THESE GOALS MAY BE QUALITATIVE OR QUANTITATIVE AND REFLECT THE INSTITUTIONAL STRATEGY.**

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

*Examples of quality goals:*

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

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

#### **Institution compliance**

*Please comment on the compliance with the Principle.*

Establishing relevant, timely, measurable and achievable goals is pivotal for the effective operation of the QAU. The accreditation panel (AP) has reviewed the proposed goals of the QAU and comments on the following:

- The QAU has made a significant attempt to develop an improvement plan associated with teaching, R&D, infrastructure, HR and funding. Most of these goals are well identified, realistic and many of them are critical for the smooth running of the Institution's operations. All of these goals have an associated completion date (most towards the end of 2019) and one or more associated entities to monitor their completion. Moreover, at almost all times, these goals had a relevant and appropriate KPI associated with them. Finally, the AP was pleased to see that many of the goals set were modest where need to be (i.e. research and publications) as it is preferable to set achievable goals, especially when in the process of changing basic principles of the culture of a system.
- The AP has some concerns about the ownership of the above-mentioned goals as there seem to be more than one (many times two or three) persons or groups with assigned responsibility for the monitoring and completion of these goals. This can easily create a lack of accountability as each entity might expect another to complete this task.
- Although the majority of these goals are relevant, there seem to be some important issues that remain unmentioned: there is little mention about quality control on the part of the ASPETE's teaching related to the education degree needed for teaching (PGCE equivalent). This represents a very significant part of the Institution's activities

and falls within their responsibility. The current mode spreads the teaching to 12 cities around Greece with about 400 employees hired every year to teach these modules on an hourly-paid basis. There is very little evidence that QAU has played a role in monitoring these activities and ensuring the quality of these provided services.

- Finally, the quality manual reads more like a generic document that, changing a few of the wording, can be applied to any random Institution worldwide, rather than a targeted manual describing points that are in line with the specific Institutional strategy and the inspirations that are unique to the special role of this Institution.

### Panel judgement

<b>Principle 3: Establishing Goals for Quality Assurance</b>	
<b>3.1 Study Programmes/ education activities</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	
<b>3.2 Research &amp; Innovation</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	
<b>3.3 Administration (funding, human resources, infrastructure management)</b>	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	
<b>3.4 Resources (funding, human resources, infrastructure)</b>	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	

<b>Principle 3: Establishing Goals for Quality Assurance (overall)</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

## Panel Recommendations

*Please provide your recommendations with regard to issues that need to be addressed, as appropriate.*

The AP recommends that:

QAU reflects on the proposal submitted (dated 24 Sep 2018) and updates some of its recommendations to reflect specific Institutional goals related to the mid-term and long-term strategic plan of the Institution. While in the process, goals might be considered to reflect a wider range of services that the IQAS should be monitoring. At the same time the ownership of most goals needs to be assigned to one single entity that would follow the matter and be responsible for its suitable outcome.

The outcome of the above-mentioned goals set by the QAU should be regularly (e.g. on an annual basis) communicated to the staff of the Institution and made available as a public domain document through the Institution's web pages.

It seems clear that QAU has a more active quality assurance role to play on the subcontracting of this overwhelming amount of 400 employees around the country, tasked to deliver some of the teaching. CV collection, reviewing, shortlisting, contracting are only parts of this job. For example, these should also be coupled with systematic (random) visits to the distant premises, reviewing the pedagogical methods that the subcontractors are using, offering assistance and expertise and filling out visitation forms that will feed back to the hiring process. As this task is made more difficult by the extremely large number of subcontractors associated, perhaps a review of the whole process is also in order, to identify if a more manageable number of annually renewed remote personnel will suffice using different teaching loads per person.

Finally, it is thought that more emphasis should be given to the adaptation of new technologies within the teaching environment. As the budget for acquiring such technologies is usually limited, QAU should seek the advice of relevant external stakeholders on the appropriateness of the selected acquisitions.

## Principle 4: Structure, Organisation and Operation of the IQAS

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

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

### Structure and organisation

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

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

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

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

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

### Operation

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

*The above actions include:*

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

### Documentation

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

*The Annexes of the Quality Manual include:*

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

### **Institution compliance**

*Please comment on the compliance with the Principle.*

The AP notes the following:

- The Institution has established and set up the Quality Assurance Unit (QAU) and assigned to it the responsibility for the administration and management of the IQAS.
- The QAU structure has been approved by the Institution's competent bodies, as provided by the law, while all competences and tasks accruing from this structure are clearly defined.
- The QAU has produced a Quality Manual.
- The composition of the QAU is not in full compliance with the existing legislative framework as far as students' representation is concerned.
- The QAU members are loaded with many other duties within the Institution. This hampers their effective participation and their contribution to the unit's operation, despite their appreciable efforts.
- The Quality Manual, although generic in description, includes a number of basic actions necessary to ensure effective planning, implementation and control of the processes. It is not, however, appropriately customised to properly reflect the Institute's specific features.
- The procedures included in the Quality Manual are not sufficiently supported by the appropriate documentation.

### **Panel judgement**

<b>Principle 4: Structure, Organization and Operation of the IQAS</b>	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	

## **Panel Recommendations**

*Please provide your recommendations with regard to issues that need to be addressed, as appropriate.*

In view of the above, the recommendation of the AP is that the IQAS needs to be revised and appropriately customised to the Institute's mission and operation to provide for an effective operation and continuous improvement of the whole range of the Institution's activities. Appropriate supporting documentation should be developed for all procedures described in the system.

Furthermore, the Institution should make all necessary arrangements to provide for the representation of students in the QAU as foreseen in the relevant law. The QAU should facilitate the development of appropriate documentation to support the procedures included in the Quality Manual.

## Principle 5: Self-Assessment

**THE INTERNAL QUALITY ASSURANCE SYSTEM COMPRISES PROCEDURES PROVIDING THE IMPLEMENTATION OF THE ANNUAL SELF-ASSESSMENT OF THE INSTITUTION'S ACADEMIC AND ADMINISTRATIVE UNITS, ADDRESSING AREAS OF OVERSIGHTS OR SHORTCOMINGS, AND DEFINING REMEDIAL ACTIONS TOWARDS THE ACHIEVEMENT OF THE SET GOALS, AND EVENTUAL IMPROVEMENT.**

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

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

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

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

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

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

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

### Institution compliance

*Please comment on the compliance with the Principle.*

The Accreditation Panel is pleased to note the following:

- In the ASPETE progress report dated 20-7-2018 the detailed and systematic consideration of all the recommendations made in the report of External Evaluation Report for ASPETE dated June 2016. For each recommendation, ASPETE has

specified what actions will be taken as well as the expected outcomes, who would be responsible within ASPETE, timescales for implementation and resource requirements. In a latter part of the report the outcomes of all completed actions are reported and evaluated. This report is an example of good practice.

- ASPETE has in place comprehensive procedures within academic units for collective review of its academic programmes, major allocations of resources, identification of deficiencies in laboratory facilities, etc. Analogous procedures also exist in the ASPETE administrative systems.

The Accreditation Panel also notes the following quality assurance issues:

- The yearly flow of information from the various ASPETE units to QAU is not yet fully established.
- ASPETE is yet to establish a systematic annual self-assessment cycle by QAU of its quality assurance processes. The Accreditation Panel was assured that QAU plans to initiate such an annual cycle of review and feedback soon.

## Panel judgement

Principle 5: Self-Assessment	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

## Panel Recommendations

*Please provide your recommendations with regard to issues that need to be addressed, as appropriate.*

The Accreditation Panel recommends the following:

QAU should establish, as soon as possible, an annual cycle of self assessment of ASPETE's quality assurance systems. An initial review could be focused, for example, on quality assurance aspects such as: students' performance; feedback from students and teaching staff and other stakeholders; assessment of student learning outcomes; student graduation rates; reports that evaluate ASPETE's facilities.

The self assessment should result in a written report which records recommendations. Subsequent annual reviews could be expanded to include more key performance indicators (KPIs).

## Principle 6: Collection of Quality Data: Measuring, Analysis and Improvement

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

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

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

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

### Institution compliance

*Please comment on the compliance with the Principle.*

The AP notes:

- The QAU has established (developed and installed) an information system to manage the data required for the implementation of the Internal Quality Assurance System (IQAS), including the collection and processing data on quality, reports, and the implementation of quality assurance procedures.
- The data collected, cover a number of substantial areas, including students, teaching methods, teaching and administrative staff, innovation, infrastructure and finance.
- The collection of data is mostly based on a student questionnaire in the form of hard copies and to a lesser extent in electronic forms.
- The monitoring is conducted on a basis of indices that include qualitative and quantitative Key Performance Indicators (KPIs), such as indicators for research and innovation, for the development of human resources, for improving infrastructure and services, as well indicators to improve educational work. However, there is no clear evidence of whether the above indicators cover all the activities of the Institution (e.g. courses delivered outside the Institution's main campus).
- It is not clearly explained how accuracy and reliability of data is ensured.
- Although student and staff satisfaction surveys are regularly conducted through questionnaires, the rate of response from the students' part is very low.

- The information obtained from the satisfaction surveys is analysed, communicated and used towards improvement. It is not however clear how systematically this is implemented.
- The Institution has presented a thorough elaboration on the results of the latest external review demonstrating that the review comments were taken into account for improvement.

### Panel judgement

<b>Principle 6: Collection of Data: Measuring, Analysis &amp; Improvement</b>	
<b>6.1 Study Programmes / education activities</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	
<b>6.2 Research &amp; Innovation</b>	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	
<b>6.3 Activities related to the administration (funding, human resources, infrastructure management)</b>	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	
<b>6.4 Human Resources</b>	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	

<b>Principle 6: Collection of Data: Measuring, Analysis &amp; Improvement (overall)</b>	
Fully compliant	
Substantially compliant	
Partially compliant	<b>X</b>
Non-compliant	

### Panel Recommendations

*Please provide your recommendations with regard to issues that need to be addressed, as appropriate.*

In view of the above, the AP recommends that the QAU should facilitate effective ways of collecting the data concerning the students' satisfaction surveys in order to improve the rate of response from the students. Furthermore, all necessary arrangements should be made so that the measuring and monitoring will cover all the activities of the Institution, including the courses delivered outside the Institution's main campus.

## Principle 7: Public Information

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

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

### Institution compliance

*Please comment on the compliance with the Principle.*

The AP notes the following:

- The QAU acquires data from the departments and inputs this data in a repository through a software platform provided by HQA. The Institution has additional software for this purpose to facilitate the easy data export into the HQA system. The data are not collected through the use of defined procedures and forms.
- Information related to the curriculum structure, study guide, course syllabi, programme objectives and learning outcomes is published on the webpage of the Institution. Such information is often hard to find mainly due to (a) the complex organisation of the webpage, and (b) the embedding of this information in long PDF files.
- There is limited information on the Institution's webpage regarding faculty research activities, research-funded projects, and research publications and results.
- CVs of permanent teaching staff are posted on the webpage of the Institution, however CVs of special teaching staff on contract do not appear to be included.
- The webpage presents information on the fees of postgraduate programmes and relevant information.
- The QAU of ASPETE has a dedicated webpage that includes the Quality Assurance policy, the QAU strategic plan, and the Quality Manual of IQAS.
- Some reports concerning the internal and external evaluation of the Institution and the various departments are posted up to a certain date. More recent reports are missing either due to the fact that they were not uploaded or they did not take place.
- The mission of the Institution cannot be easily located on the webpage of the Institution and should be brought in a more prominent position.

### Panel judgement

Principle 7: Public Information	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

## Panel Recommendations

*Please provide your recommendations with regard to issues that need to be addressed, as appropriate.*

The AP suggests that:

- The Institution's webpage be redesigned (avoiding the use of large PDF files which might reduce accessibility of information) in such a way that information is clearly posted and easily accessed.
- The Institution's webpage must be up to date at all times.
- The Institution's webpage must include information on research output, research collaborations, publications, research centres, research projects and results. Such information is somehow limited and it certainly needs enrichment.
- The Institution's webpage be compatible with surfing through mobile devices such as smartphones and tablets.

## Principle 8: External Evaluation and Accreditation of the IQAS

**INSTITUTIONS SHOULD BE PERIODICALLY EVALUATED BY COMMITTEES OF EXTERNAL EXPERTS SET BY HQA, FOR THE PURPOSE OF ACCREDITATION OF THEIR INTERNAL QUALITY ASSURANCE SYSTEMS (IQAS). THE PERIODICITY OF THE EXTERNAL EVALUATION IS DETERMINED BY HQA.**

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

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

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

### Institution compliance

*Please comment on the compliance with the Principle.*

The AP has reviewed the Institution's progress report and follow up points since the last accreditation visit.

- The Institution has made a substantial effort in responding to all the points made on the last accreditation visit in a concise and organised manner. In many cases, the actions suggested and timetabled exceeded the recommendations of the panel.
- The Institution clearly demonstrated its willingness to regularly participate in the IQAS accreditation process and moreover appreciate the significance of this, especially as a tool to verify their own processes in view of future external collaborations.
- The members of administrative staff knew the existence and the role of the QAU but they had limited interaction with IQAS.
- Finally, within the last progress report (July 2018) there was a small number of actions that appeared not to have been assigned to a specific entity and/or not have a completion date. Moreover, most of the actioned points had a large number of persons/bodies associated with them making the final accountability of such tasks difficult to check.

### Panel judgement

**Principle 8: External Evaluation & Accreditation of the IQAS**

Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

### Panel Recommendations

*Please provide your recommendations with regard to issues that need to be addressed, as appropriate.*

The QAU has to verify that the 50 points listed in the progress report document reach their full completion (100%) within the given time (or rescheduled in the case of an unforeseen event) in a concise and verifiable manner. Most of these tasks must be monitored by the QAU at regular intervals.

It is the recommendation of the AP that there should be some permanent assistance to the Institution's QAU in order to complete the given tasks and fulfil its role. Acquiring a number of new members of staff (possibly with an administrative role) to assist the QAU in their duties and alleviate some of the burden from the academics, should be a priority to the Institution.

Finally, it is highly recommended that every action that the QAU suggests has, whenever possible, a single person/body associated with them. As such, this person/body will assume full ownership of the issue to be addressed as well as have accountability if/when the issue is not resolved in a timely and affective manner.

## **PART C: CONCLUSIONS**

### **I. Features of Good Practice**

*Please state aspects of good practice identified, with regard to the IQAS.*

The AP notes the following features of good practice:

- The Institution has the basic infrastructure (e.g., engineering laboratories, library, restaurant, classrooms, computer rooms, etc.) to ensure the smooth functioning of its educational programmes. Auxiliary facilities such as computer network, software, Wi-Fi, scientific journal databases, cleaning services, etc. are in place and functioning.
- The QAU has made a significant effort to respond to the 2016 external evaluation report. The QAU has developed an improvement plan associated with teaching, R&D, infrastructure, HR and funding. Most of these goals are well identified, realistic and many of them are critical for the smooth running of the Institution's operations. All of these goals have an associated completion date (many towards the end of 2019) and the QAU has assigned specified persons/bodies who will monitor their completion. Moreover, at almost all times, these goals had a relevant and appropriate KPI associated with them. Finally, the AP was pleased to see that many of the goals set were realistic (e.g. research and publications) as it is preferable to set achievable goals.
- ASPETE has in place comprehensive procedures within academic units for collective review of its academic programmes, major allocations of resources, identification of deficiencies in laboratory facilities, etc. Analogous procedures also exist in the ASPETE administrative systems.
- ASPETE clearly demonstrated its willingness to regularly participate in the IQAS accreditation process and moreover appreciates the significance of this, especially as a tool to verify its own processes and aid future collaborations.

### **II. Areas of Weakness**

*Please state weak areas identified, with regard to the IQAS.*

The AP identified the following areas of weakness:

- There is no clear view on how QAU uses IQAS to steer the decision making of ASPETE and its strategic plans.
- The existing laboratories need urgent upgrading. Currently, QAU does not have a role in this process.

- Within the current set of goals, there is no clear ownership of each task in the follow-up progress report (July 2016).
- There is lack of quality assurance control on the courses offered outside the main campus as well as on the actual staff used.
- The quality manual is written as a generic document and does not fully reflect the particularities of the Institution.
- The composition of the QAU misses student membership.
- The QAU has not yet devised annual self-assessment process for the Institution itself.
- The participation of the students' feedback is so low that no decisions can be made based on those statistical data.
- The Institution's web page makes it hard for the user to find key information.
- The QAU is heavily understaffed.

### **III. Recommendations for Follow-up Actions**

*Please make any specific recommendations for development.*

The AP recommends the following:

- The ASPETE Quality Assurance manual should be revised so that it is specific to the structures, needs and ethos of ASPETE.
- The QAU must create appropriate and effective mechanisms and procedures that lead to appropriate identification of the needs regarding new infrastructure, laboratory equipment, maintenance, and more.
- The QAU must require from the academic and management the creation of appropriate procedures and a framework that promotes self- and peer-evaluation of faculty, based on research-based Key Performance Indicators (KPIs), in an attempt to boost research output and increased participation in research activities.
- The IQAS needs to be revised and appropriately customised to the Institute's mission and operation to provide for an effective operation and continuous improvement of the whole range of the Institution's activities. Appropriate supporting documentation should be developed for all procedures described in the system.
- The Institution should make all necessary arrangements to provide for the representation of students in the QAU as required by the relevant law.
- The QAU should facilitate the development of appropriate documentation to support the procedures included in the Quality Manual.
- The QAU should establish, as soon as possible, an annual cycle of self-assessment of ASPETE's quality assurance systems.
- The QAU should facilitate effective ways of collecting the data concerning the students' satisfaction surveys in order to improve the rate of response from the students. Furthermore, all necessary arrangements should be made so that the measuring and monitoring will cover all the activities of the Institution, including the courses delivered outside the Institution's main campus.

- The Institution's webpage must be redesigned (avoiding the use of large PDF files which might reduce accessibility of information) in such a way that information is clearly posted and easily accessed.
- The QAU has to verify that the 50 points listed in the progress report document reach their full completion (100%) within the given time (or rescheduled in the case of an unforeseen event) in a concise and verifiable manner.
- The Institution should put efforts to increase staffing including for support of the QAU.

#### IV. Summary & Overall Assessment

The Principles where full compliance has been achieved are:

**None**

The Principles where substantial compliance has been achieved are:

**Principles 2, 3, 5, 7, 8**

The Principles where partial compliance has been achieved are:

**Principles 1, 4, 6**

The Principles where failure of compliance was identified are:

**None**

Overall Judgement	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

**The members of the Accreditation Panel for the IQAS of the School of Pedagogical  
and Technological Education**

Name and Surname

Signature

**Prof. Anastasis Polycarpou** (Chair), University of Nicosia,  
Nicosia, Cyprus

**Dr. Konstantinos Banitsas**, Brunel University London,  
Uxbridge, United Kingdom

**Prof. Nicos Ladommatos**, University College London,  
London, United Kingdom

**Dr. Ioannis Michaelides**, Independent Expert Academia  
Energy & Innovation (Former Associate Professor at the  
Cyprus University of Technology), Nicosia, Cyprus

## APPENDIX A

### Final Timetable of the Accreditation Panel Visit

#### School of Pedagogical and Technological Education

02/12/2018 - 08/12/2018

Time	What & Who?	Why?
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#### Sunday, 02/12/2018, Athens

Late afternoon	<b>Arrival of Accreditation Panel (AP) members in Athens</b> Check-in at the hotel: <b>Divani Acropolis Palace (19 - 25, Parthenonos str., 117 42 Athens)</b>	
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#### Monday, 03/12/2018, Athens

13:30 - 15:30	<b>Briefing</b> AP & members of the HQA <b>HQA (1 Aristidou str., 3<sup>rd</sup> floor, 105 59 Athens)</b>	Information on HQA mission, standards and guidelines of QA accreditation process, national framework of HEIs
16:30 - 19:00	<b>Private meeting</b> AP members only <b>Divani Acropolis Palace, Conference room</b>	Discussion on the proposal report; allocation of tasks; list of issues for the site visit

#### Tuesday, 04/12/2018, Athens

09:30 - 09:45	<b>Meeting with the Rector</b> AP & , Prof. Ioannis Saridakis, ASPETE Rector <i>Conference room of Governing Board</i>	Welcome meeting
09:45 - 10:30	<b>Meeting with the Rector and the Vice-Rectors</b> AP, Prof. Ioannis Saridakis, ASPETE Rector & Prof. Evangelia Antoniou, ASPETE Vice – Rector <i>Conference room of Governing Board</i>	Short overview of the Institution (history, academic profile) current status, strengths and possible areas of concern
10:30 - 11:00	<b>Coffee break</b> AP members only <i>Conference room of the Library</i>	Reflect upon impressions of first meetings and complete information where necessary
11:00 - 14:00	<b>Meeting with the Quality Assurance Unit (QAU/MODIP)</b> AP, E. Antoniou, Vice-Rector/President of MODIP & MODIP members: Gerasimos	Discuss the degree of compliance of the Internal Quality Assurance System to the Standards for Quality Accreditation

	<p>Pagiatakis (Dpt of Electrical Engineering &amp; Electronic Engineering), Nikolaos Vaxevanidis (Dpt of Mechanical Engineering), Andreas Papadakis (Dpt of Electrical Engineering &amp; Electronic Engineering), Kyparisia Papanikolaou (Dpt of Education), Kostantinos Antonopoulos (Dpt of Civil Engineering), Vasilis Siorikis (EDIP, Dpt of Civil Engineering), Apostolos Oikonomou (Network Operation Centre), Kyriakos Marathos (ETEP, Dpt of Education)</p> <p><i>Conference room of the Library</i></p>	
<b>14:00 - 15:00</b>	<p><b>Lunch</b></p> <p>AP members only</p> <p><i>Conference room of the Library</i></p>	Reflect upon impressions of first meetings and complete information where necessary
<b>15:00 - 15:45</b>	<p><b>Meeting with Faculty members and Internal Evaluation Groups (IEGs/OMEA) representatives</b></p> <p>AP, Gerasimos Pagiatakis (Head of Dpt of Electrical Engineering &amp; Electronic Engineering), Nikolaos Vaxevanidis (Head of Dpt of Mechanical Engineering), Giorgos Georgousis (Head of Dpt of Civil Engineering), Kalliopi Kounenou (Head of Dpt of Education), Katerina Kasimati (Head of EPPAIK/PESYP)</p> <p><i>OMEA of Electrical Engineering &amp; Electronic Engineering Dpt: Gerasimos Pagiatakis, Andreas Papadakis, Marina Vasilaki, Spiros Adam</i></p> <p><i>OMEA of Mechanical Engineering Dpt: Nikolaos Vaxevanidis, Michalis Karagiorgas Pavlos Zalimidis</i></p> <p><i>OMEA of Civil Engineering Dpt.: Anastasia Sotiropoulou, Panagiotis Asteris, Konstantinos Antonopoulos</i></p> <p><i>OMEA of Dpt of Education: Iosif Fragoulis, Katerina Kasimati, Kyparisia Papanikolaou, Dimitris Kechrakos</i></p> <p><i>Conference room of the Library</i></p>	Understand internal evaluation process; Discuss relationships of IEGs/OMEA with QAU/MODIP. Main, adequacy of resources, possible areas of weakness
<b>16:00 - 16:45</b>	<p><b>Meeting with the chief administration officers</b></p> <p>AP and Niki Kyriakopoulou (Head of Administration Department), Charalambos Trapalis (Head of Secretariat), Olga Koklioti (Head of Financial Department), Argyro Mentaki (Head of ELKE), Apostolos Oikonomou (Head of Network Operation</p>	Discuss the role of Institutional strategic documents (strategic plan, QA manual etc.) in the development of Institution; special issues arising from internal evaluation process and/or from talk with Rector & Vice-

	Centre), Konstantinos Stratidakis (Head of Library & Student Care), Alexandra Trianti (Library), Dimitris Flesouras (Student Care), Ioannis Kanelis (Head of Technical Department), Asimina Papageorgiou (Secretary of Electrical Engineering & Electronic Engineering Dpt), Maria Aga (Secretary of Dpt of Mechanical Engineering), Kalliopi Roka (Secretary of Civil Engineering), Fotini Douska (Secretary of Dpt of Education). <i>Conference room of the Library</i>	Rector/President of MODIP
<b>17:00 - 17:45</b>	<b>Meeting with students</b> AP and students  <i>Conference room of the Library</i>	Students satisfaction from their study experience and campus facilities; student input in quality assurance; priority issues concerning student life and welfare
<b>17:45 - 18:15</b>	<b>Debriefing meeting</b> AP members only <i>Conference room of the Library</i>	Reflect on impressions; prepare for the second day of visit
<b>18:15</b>	<b>Transport of AP members back to the hotel</b>	

**Wednesday, 05/12/2018, Athens, *Conference room of the Library***

<b>09:30 - 10:15</b>	<b>Meeting with postgraduate students</b> AP and Master's Doctorate students as well as Postdoc researchers	Students' views on learning process, progression, assessment; student input in quality assurance; priority issues concerning grants, mobility, research and career opportunities
<b>10:30 - 11:15</b>	<b>Meeting with graduates/ alumni</b> AP and graduates/alumni - Odysseas Tigkas, Electronic Engineering Educator, Scientific Associate of ASPETE - Nikos Fountas, Mechanical Engineering Educator, Scientific Associate of ASPETE  - Grigoris Zouros, Electronic Engineering Educator, Scientific Associate of ASPETE  - Sotiris Theodoropoulos President of Technology Educators Union & Director of the 1 <sup>st</sup> Laboratory Centre of Aghioi Anargyri  - Nikos Anastasiadis, Secretary of Technology Educators Union & Electrical Engineering Educator	Discuss their experience of studying at the Institution and their career path
<b>11:30 - 12:15</b>	<b>Meeting with external stakeholders</b> AP and - Evangelos Demenagas or Maria Kourouklioti, Directorate for Development and Education –	Discuss relations of the Institution with external stakeholders from the private and the public sector

	<p>Hellenic Petroleum SA,</p> <ul style="list-style-type: none"> <li>- Megremis Dimitris, Human Resource Development Directorate – Greek Telecommunications Organization (OTE SA),</li> <li>- Kosmas Ziazopoulos, Human Resources Manager – Water Supply and Sewerage Company (EYDAP),</li> <li>- Panagiotopoulos Georgios, Department of Maintenance of Building Facilities and Constructions – Urban Rail Transport S.A. (STASY SA)</li> <li>- Rena Chalioti, Vice Mayor of Municipality of Maroussi</li> </ul>	
<b>12:15 - 13:00</b>	<b>Debriefing meeting</b> AP members only	Exchange impressions, review day and begin drafting the oral report
<b>13:00 - 14:00</b>	<b>Lunch break</b> AP members only	Reflect upon impressions of first meetings and complete information where necessary
<b>14:00 - 14:45</b>	<p><b>Meeting with the Quality Assurance Unit (QAU/MODIP)</b></p> <p>AP, E. Antoniou, Vice-Rector/President of MODIP &amp; MODIP members: Gerasimos Pagiatakis (Dpt of Electrical Engineering &amp; Electronic Engineering), Nikolaos Vaxevanidis (Dpt of Mechanical Engineering), Andreas Papadakis (Dpt of Electrical Engineering &amp; Electronic Engineering), Kyparisia Papanikolaou (Dpt of Education), Kostantinos Antonopoulos (Dpt of Civil Engineering), Vasilis Siorikis (EDIP, Dpt of Civil Engineering), Apostolos Oikonomou (Network Operation Centre), Kyriakos Marathos (ETEP, Dpt of Education)</p>	Discuss on several points/findings which need further clarification
<b>14:45 - 15:00</b>	<p><b>Closure meeting with the Rector &amp; the Vice-Rector/President of MODIP</b></p> <p>AP, Prof. Ioannis Saridakis, ASPETE Rector &amp; Prof. Evangelia Antoniou, ASPETE Vice – Rector /President of MODIP</p>	Informal presentation of the AP key findings
<b>15:00</b>	<b>Transport of AP members back to the hotel</b>	

**Thursday, 06/12/2018, Athens (AP members only)**

<b>09:00 - 13:00</b>	Working on the draft Accreditation Report (AR) <a href="#">Conference room at the hotel</a>
<b>13:00 - 14:00</b>	Lunch Break
<b>14:00 - 18:00</b>	Continue working on the draft AR <a href="#">Conference room at the hotel</a>

**Friday, 07/12/2018, Athens** *(AP members only)*

<b>09:00 - 13:00</b>	Working on the draft of the AR <a href="#">Conference room at the hotel</a>
<b>13:00 - 14:00</b>	Lunch Break
<b>14:00 - 18:00</b>	Continue working on the draft AR <a href="#">Conference room at the hotel</a>

**Saturday, 08/12/2018, Athens**

<b>09:00 - 11:00</b>	Completion of draft AR and submission to the HQA
<b>11:00</b>	Departure of Accreditation Panel members from Greece