



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
HELLENIC REPUBLIC



Εθνική Αρχή
Ανώτατης Εκπαίδευσης
Hellenic Authority
for Higher Education

Αριστείδου 1 & Ευριπίδου 2 • 10559 Αθήνα | 1 Aristidou str. & 2 Evripidou str. • 10559 Athens, Greece
T. +30 210 9220 944 • F. +30 210 9220 143 • E. secretariat@ethaae.gr • www.ethaae.gr

Accreditation Report for the Internal Quality Assurance System (IQAS)

Institution : University of Peloponnese

Date: 04/07/2025



Με τη συγχρηματοδότηση
της Ευρωπαϊκής Ένωσης



Πρόγραμμα
Ανθρώπινο Δυναμικό και
Κοινωνική Συνοχή



Report of the Panel appointed by the HAHE to undertake the review of
the **Internal Quality Assurance System** (IQAS) of the University of
Peloponnese for the purposes of granting accreditation.

TABLE OF CONTENTS

Part A: Background and Context of the Review	4
I. The External Evaluation & Accreditation Panel	4
II. Review Procedure and Documentation	5
III. Institution Profile	6
Part B: Compliance with the Principles.....	8
Principle 1: STRATEGY, QUALITY POLICY AND TARGET SETTING OF THE INSTITUTION	8
Principle 2: PROGRAMMING AND ALLOCATION OF RESOURCES	13
Principle 3: STRUCTURE, ORGANISATION AND OPERATION OF THE IQAS	18
Principle 4: SELF-ASSESSMENT	24
Principle 5: COLLECTION OF QUALITY DATA: MEASURING, ANALYSIS, AND IMPROVEMENT	29
Principle 6: PUBLIC INFORMATION	33
Principle 7: EXTERNAL EVALUATION AND ACCREDITATION OF THE IQAS	36
Part C: Conclusions	37
I. Features of Good Practice	38
II. Areas of Weakness.....	38
III. Recommendations for Follow-up Actions.....	39
IV. Summary & Overall Assessment	40

PART A: BACKGROUND AND CONTEXT OF THE REVIEW

I. The External Evaluation & Accreditation Panel

The Panel responsible for the Accreditation Review of the **Internal Quality Assurance System** (IQAS) of the University of Peloponnese comprised the following five (5) members, drawn from the HAHE Register, in accordance with Laws 4009/2011 & 4653/2020:

1. SKOUTERIS THOMAS (Chair)

(Title, Name, Surname)

The American University in Cairo

(Institution of origin)

2. ECONOMIDES SPYROS

(Title, Name, Surname)

California State University, East Bay

(Institution of origin)

3. MASTROGIANNAKIS STYLIANOS

(Title, Name, Surname)

Comercial Bank of Greece

(Institution of origin)

4. Papathomas Aristides

(Title, Name, Surname)

University of Western Macedonia

(Institution of origin)

5. Skevoulis Sotirios

(Title, Name, Surname)

Seidenberg School of Computer Science and Information Systems, Pace University

(Institution of origin)

II. Review Procedure and Documentation

Brief reference to the Panel preparation for the IQAS review, as well as to the documentation provided and considered by the Panel. Dates and of the site visit, visit schedule, meetings held and any additional information regarding the procedure.

The External Evaluation and Accreditation Panel ("the Panel") undertook its on-site review of the University of the Peloponnese's ("the Institution") Internal Quality Assurance System (IQAS) from May 18 to May 20, 2025, in Tripoli, as outlined in the official timetable. The visit was meticulously structured and executed with professionalism and thorough institutional cooperation. The process began on Sunday, May 18 with internal EEAP deliberations to finalize the agenda and priorities for the visit. The formal onsite component commenced on Monday morning, May 19, with a comprehensive introduction and warm welcome by the Rector and Vice Rectors. This initial meeting set the tone for a highly constructive and transparent review process. Over the course of two days, the Panel held focused meetings with key institutional actors, including the Quality Assurance Committee (QAC), MODIP staff, Internal Evaluation Groups (OMEA), faculty members, students from all study cycles, alumni, administrative directors, and external stakeholders. Each session was characterized by an open spirit of dialogue and mutual respect. Questions were answered candidly and thoughtfully, and there was a shared willingness across the community to reflect critically on institutional strengths and areas for improvement. The meetings with academic and administrative staff revealed a genuine commitment to the institution's mission and a culture of care for its continued development. Faculty demonstrated a strong sense of ownership over quality procedures, and administrative leaders were articulate about both systemic achievements and pending challenges. Students were engaged, insightful, and sincere in their feedback, expressing appreciation for the opportunities afforded to them and a desire for even more involvement in institutional life. Particularly noteworthy was the level of preparation by all participants and the smooth logistical coordination of the visit. The EEAP was received with generosity and excellent hospitality throughout, which significantly contributed to the positive atmosphere. The tour of facilities further confirmed the university's care for its infrastructure and its investment in student and research environments. The review concluded with reflective internal discussions and an oral presentation of preliminary findings to the university leadership, closing a highly successful visit marked by substance, respect, and collaborative spirit.

III. Institution Profile

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 University of the Peloponnese (UoP) is a public institution of higher education, established in 2000 and headquartered in the city of Tripoli, Greece. As a relatively young university, it has rapidly expanded its academic footprint and currently operates across six cities: Tripoli, Corinth, Kalamata, Sparta, Nafplio, and Patras, thus serving a broad regional mission that aligns with its founding purpose of promoting educational access and regional development across the Peloponnese and Western Greece.

The university is composed of 9 academic schools and 22 departments, covering a wide disciplinary spectrum that includes humanities, social sciences, political science, economics, management, health sciences, education, and technology. It offers a comprehensive range of undergraduate, postgraduate, and doctoral programs, combining traditional academic fields with emerging interdisciplinary areas. According to the latest publicly available data, UoP serves approximately 22,000 undergraduate students, around 1,900 postgraduates, and more than 700 doctoral candidates.

A defining characteristic of UoP is its decentralised structure, which presents both administrative challenges and unique opportunities for regional engagement. The university has cultivated strong connections with local government, civil society, and industry partners, emphasizing applied research, knowledge transfer, and social innovation as pillars of its identity. It is also actively engaged in European collaborations and is a member of the EUNICE – European University for Customised Education alliance, through which it pursues cross-border academic partnerships, joint degrees, and student mobility opportunities.

Institutional strategy and quality assurance are coordinated centrally by MODIP (Quality Assurance Unit), supported by internal evaluation groups (OMEA) in each department. MODIP oversees the implementation of the Internal Quality Assurance System (IQAS), aligned with national HAHE standards and European ESG principles. Recent strategic initiatives have focused on enhancing digital infrastructure, consolidating governance processes, and internationalizing its academic offerings.

UoP represents a dynamic and evolving university with a strong public mandate. It balances growth with quality assurance, regional service with international outreach, and institutional tradition with academic innovation. Its development trajectory reflects its

commitment to inclusive, high-quality higher education that is both locally relevant and globally engaged.

PART B: COMPLIANCE WITH THE PRINCIPLES

Principle 1: STRATEGY, QUALITY POLICY AND TARGET SETTING OF THE INSTITUTION

INSTITUTIONS SHOULD DEVELOP A FOUR-YEAR STRATEGY, WITHIN WHICH THE QUALITY ASSURANCE STRATEGY IS INCLUDED. THE QUALITY ASSURANCE STRATEGY IS SPECIFIED THROUGH THE QUALITY ASSURANCE POLICY, WHICH SETS OUT THE PRINCIPLES OF THE OPERATION OF THE IQAS AND AIMS AT THE CONTINUOUS IMPROVEMENT OF THE SYSTEM. THE QUALITY ASSURANCE POLICY IS SPECIFIED THROUGH THE ANNUAL QUALITY TARGET SETTING WHICH EXTENDS TO ALL ASPECTS AND DIMENSIONS OF THE INSTITUTION'S OPERATION AND ACTIVITIES.

The Institution's strategy provides the general guidelines for the actions to be implemented within the specific forthcoming period. The strategic goals for quality assurance constitute one of the main pillars of the Institution's strategy. These goals are set out and specified following to analysis of relevant parameters and quality indicators. The quality assurance strategy includes the quality assurance policy as a specific document.

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 a 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 quality assurance policy 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 organization of the internal quality assurance system;*
- *the Institution's leadership, departments and other organizational 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 HAHE 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.

For the implementation of the quality assurance policy, an annual quality target-setting (using the SMART methodology) and a specific action plan for the achievement of the targets are drafted. The quality targeting includes all annual goals required for addressing weaknesses and improving the parameters of the Institution's teaching, research, and administrative work, according to the

strategic guidelines set as part of the Institution's strategy.

Documentation/Annexes

E1.1 Strategic planning of the Institution (including the quality assurance strategy)

E1.2 Quality assurance policy of the Institution in liaison with the strategy

E1.3 Quality Targeting of the Institution (SMART), as implementation of the strategy and policy

Institution compliance

I. Findings

The Institution has submitted a valid and institutionally approved Strategic Plan for the period 2024–2027 (E1.1), which presents a set of broad strategic priorities across thematic areas such as teaching, research, internationalization, infrastructure, and governance. This plan includes a SWOT analysis (pp. 32–33), identifying challenges such as demographic contraction, over-reliance on temporary funding schemes (e.g., ESPA), and campus dispersion.

A separate and formally approved Quality Assurance Policy (E1.2) outlines the institution's principles, objectives, and governance structure for internal quality assurance. The policy affirms alignment with HAHE and ESG standards and declares the importance of stakeholder involvement and evidence-based improvement processes.

The Institution's Quality Assurance Unit (MODIP) is institutionally defined, coordinated by a Vice Rector, and functionally active in managing internal evaluations, overseeing departmental OMEA operations, and interacting with HAHE. MODIP's structure and responsibilities are articulated in the Quality Manual (E3.2) and operationalized through instruments such as the Internal Evaluation Minutes (E4.1) and Annual Review Report (E4.2).

A set of annual quality goals (E1.3) has been submitted, described as aligned with the SMART methodology. These relate to improvements in teaching, research, services, and administration, and are complemented by data records from the Information System (E5.1, E5.4).

The mapping grid (A. E12 MAPPING GRID) sets clear expectations: the institutional strategy should include SWOT analysis documented by indicators (1.1), integrate quality as a strategic axis (1.1), translate the QA policy into SMART goals (1.7), and pair those goals with suitable KPIs (1.8).

II. Analysis

While the existence of the aforementioned components demonstrates structural alignment with the HAHE standards, there are significant functional, operational, and integrative weaknesses that impact the system's effectiveness and internal coherence.

1. SWOT Analysis Is Not Strategically Exploited: The SWOT matrix included in E1.1 is purely descriptive. It does not include any quantitative indicators, data validation, or cross-referencing with national or internal benchmarks. Most critically, it is not utilized in the prioritization of strategic goals or risk mitigation measures. There is no evidence (in E1.1, E1.3, or E2) that weaknesses or threats identified in the SWOT inform the allocation of resources, policy focus, or operational planning.

2. Strategic Goals Lack Operationalization and Prioritization: While E1.1 includes strategic intentions across major institutional areas, they are framed in generic, non-operational language ("enhancement," "support," "strengthening") without accompanying metrics, performance indicators, or target timeframes. The absence of a performance logic model connecting strategic inputs (SWOT, priorities), outputs (actions), and outcomes (KPIs, impact) is evident. The strategic plan does not specify what is to be achieved, by whom, by when, or with what resources.

3. Misalignment Between QA Policy and Action Plan: Although the QA policy (E1.2) commits to comprehensive quality across teaching, research, services, and governance, the actual Plan of Actions and Goals (as presented in E1 and E4.2) is heavily skewed toward administrative efficiency. Out of all recorded actions, only one directly targets teaching, and most others relate to regulatory compliance or administrative updates. This suggests a disconnect between the normative QA framework and the university's actual improvement agenda.

4. Lack of Stakeholder Engagement in Strategic Formulation: Documents such as E1.1, E1.2, and E4.1 lack evidence of structured consultation mechanisms with academic staff, students, or external stakeholders in the formulation or review of strategic goals. No internal surveys, participatory planning workshops, or feedback processes are reported. The policy language in E1.2 suggests inclusion, but no process architecture or engagement outcomes are described.

5. Weak Integration Across Institutional Levels: There is no formal mechanism reported in E4.2 or elsewhere for synthesizing departmental plans into a consolidated institutional strategy. While some departments have developed local quality goals, the alignment between departmental strategies and the central QA and strategic framework is not demonstrated. This undermines cohesion and limits institution-wide visibility of priorities, risks, and performance.

6. Inadequate Use of Indicators and Data-Driven Management: The E1.3 document includes some annual objectives framed in SMART terms, but most goals are not tied to baseline data, benchmarks, or trends. E5.4 provides data snapshots but does not show

how indicators are used to assess progress, revise targets, or inform decision-making. As such, there is no demonstrable quality loop linking planning, execution, review, and improvement.

7. Quality Culture Remains Centralized and Compliance-Driven: MODIP operates as a highly functional, centralized QA unit but does not enjoy the cooperation required by the Faculty. Student engagement in QA processes is reported as weak, both formally and substantively, which amounts to a considerable weakness of the overall process.

III. Conclusions

The Institution has put in place the essential formal structures of a quality assurance framework and aligns procedurally with HAHE standards for Principle 1. However, the IQAS remains administratively compliant but strategically underdeveloped.

The strategic plan and IQAS are not operationally linked; priorities are not informed by data; objectives are not measurable; and stakeholder involvement is not systematically documented. Most processes occur in a top-down, technocratic fashion, without evidence of institutional reflexivity, feedback loops, or dynamic re-planning.

The institutional culture of quality appears centralized around MODIP, but not co-owned by departments, students, or external partners. Consequently, the QA framework lacks strategic agility, participatory depth, and analytical traction.

Panel Judgement

Principle 1: STRATEGY, QUALITY POLICY AND TARGET SETTING OF THE INSTITUTION	
Compliance	
Partial compliance	X
Non-compliance	

Panel Recommendations

P1.1. Link SWOT to Strategic Priorities: Use SWOT findings to define targeted strategic priorities and actions, grounded in performance indicators and risk assessments.

P1.2. Develop SMART KPIs with Benchmarks: Introduce measurable targets with defined baselines and timeframes. Each strategic goal should include KPIs aligned with internal performance data and national benchmarks.

P1.3. Institutionalize Stakeholder Participation: Establish formal consultation mechanisms (e.g., surveys, workshops) involving faculty, students, administrators, and external stakeholders in strategy and policy formation.

P1.4. Align Action Plans with Strategic Goals: Rebalance the Plan of Actions to emphasize academic and pedagogical improvements, not just administrative reform.

P1.5. Consolidate Institutional and Departmental Planning; Introduce tools and processes to integrate departmental quality objectives into the central strategy, ensuring vertical coherence.

P1.6. Promote a Participatory Quality Culture: Launch awareness and training programs to engage all university members in quality assurance, especially students and support staff.

P1.7. Establish Performance Feedback Cycles: Create structured cycles for reviewing indicators, adapting strategies, and realigning resource allocation based on results.

P1.8. Upgrade Public QA Communication: Ensure QA policy and strategic progress are actively communicated across the university and updated regularly through internal channels.

Principle 2: PROGRAMMING AND ALLOCATION OF RESOURCES

INSTITUTIONS SHOULD ENSURE ADEQUATE FUNDING, HUMAN RESOURCES, INFRASTRUCTURE, SERVICES AND SYSTEMS FOR TEACHING, RESEARCH, AND INNOVATION, AS WELL AS FOR THE WHOLE RANGE OF THEIR ACADEMIC ACTIVITIES, FOR THE PURPOSE OF FULFILLING THEIR MISSION AND STRATEGIC GOALS. THE ABOVE RESOURCES ARE PLANNED OVER A FOUR-YEAR HORIZON, ARE LINKED WITH THE STRATEGY AND ARE ALLOCATED IN A RATIONAL MANNER, IN ACCORDANCE WITH THE PERTINENT PROCEDURES. THEIR MANAGEMENT AND MONITORING IS IMPLEMENTED BY MEANS OF INFORMATION SYSTEMS.

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 by exploiting external sources of financing. The financial planning and the operation of an effective financial management system constitute necessary tools for the full exploitation of the resources.

The annual public funding of the Institution follow the procedures set out in article 16 of Law 4653/2020 and the relevant ministerial decisions.

The annual budgets for the past five years, the absorption and the main categories of expenditure as well as the amount and sources of the external funding are key elements for the assessment of the principle.

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 with 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 favourable 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 favourable working environment and to ensure compliance with the existing provisions.

Human resources

The Institution and the academic units bear the responsibility for the allocation and development of the human resources. The rational allocation of human resources is based on a system of criteria, in line with the mission and the strategic options of the Institution.

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 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 provides the necessary resources for the organization and staffing of the QAU, with a clear allocation of competences and tasks to its staff members.

Documentation/Annexes

E2.1 Annual planning and allocation of funding from all available sources for the next 4 years, or Programme Agreement of the Institution, if applicable

E2.2 Internal rules for the allocation and distribution of the financial and human resources to the academic units and the central services of the Institution

E2.3 Internal evaluation by the QAU of the resources, according to the relevant NISQA indicators and the performance indicators of the Institution

E2.4 Overview of the information systems for the management and monitoring of the financial and human resources of the Institution

Institution compliance

I. Findings

The Institution implements a structured and well-documented annual resource planning and allocation process in accordance with Law 4653/2020. This process utilizes funding from the Regular Budget, the National Development Program (NDP), and the Special Account for Research Funds (ELKE) to support academic activities. The identification and planning of required financial, human, infrastructure, service, and equipment resources are based on a combination of annual planning, internal evaluation by the MODIP (Internal Quality Assurance Unit), strategic quality goals for 2024–2025, performance indicators (OPESP), and information systems. These indicators support strategic reallocation or pursuit of resources. MODIP uses the OPESP indicators to identify gaps, particularly in key services such as staffing for MODIP, DASTA, and the Career Office. Processes are carried out following recommendations from the Directorate of Financial Services and approval by the University Council. The Directorate of Financial Services demonstrates high absorption of the regular budget (99.15% in 2024), while also moving towards process digitization, technological equipment evaluation, and staff training. The Institution operates information systems to allocate, manage, and monitor all resources. The ELKE's resCom and Q-Prime systems support evidence-based decision-making by tracking the use of financial and human resources in detail. ELKE has been certified under ISO 9001:2015, as

has the Directorate of Financial Services, enabling immediate reporting to administration. ELKE manages a large number of projects (191 active in 2025), funded by NSRF, ELIDEK, private and international entities, significantly supporting the institution's research activity.

II. Analysis

There is both annual and four-year planning of all resources, including financial, human, infrastructure, services, and information systems. The institution incorporates KPIs and MODIP efficiency indicators aligned with the Strategic Plan and the SMART framework into both its annual and multi-year planning, emphasizing the need to strengthen human and financial resources and upgrade infrastructure and services. Infrastructure projects are planned over a four-year horizon and funded by the Public Investment Program (PIP). Planning also includes service development, research and innovation support, and digital transformation. Indicators related to the student-to-faculty ratio and average number of faculty members per academic program reveal a need to strengthen human resources. For 2023–2024, 84% of indicators showed a marginal positive change. Although sound fiscal management is ensured, the student-to-faculty ratio remains higher than desired, and dependence on adjunct faculty is substantial, leading to an increased workload for permanent teaching staff. Funding per faculty member and per student indicates shortfalls, especially for student housing. The annual number of students per classroom shows a negative trend, with an increasing number of students per teaching space affecting teaching quality. Unsuitability of the working environment is documented through structured processes including monitoring, technical interventions, and staff evaluations. There is steady improvement in internal evaluation structures and practices and in monitoring goal-setting, with MODIP playing a significant role. Deficiencies in critical administrative units such as MODIP, DASTA, and the Career Office limit the Quality System's completeness.

III. Conclusions

The Institution demonstrates a clearly documented, systematic, and effective approach to resource planning and allocation. ELKE's capital usage is allocated to support research and innovation through researcher remuneration, operational costs, equipment, and infrastructure development. Internal evaluation processes are active and well-documented, using indicators effectively. However, critical shortages in staff are recorded, and the need to strengthen human resources and certain administrative structures is evident. Allocation criteria are structured and functional, yet there is a need to improve efficiency in meeting human resource needs for both faculty and key units such as MODIP and DASTA. There is no precise funding-per-student figure, especially regarding housing needs. Institutional activities rely mainly on regular funding, while extraordinary support

from PIP and ELKE for infrastructure and personnel acts as pre-financing relative to the growth in student population and quality demands. This dependence on external resources undermines stability and long-term planning. The overall picture is positive, yet limitations are noted in the speed of implementing interventions due to shortages in human and financial resources. There is room for improvement in the pace and flexibility of actions.

Panel judgement

Principle 2: PROGRAMMING AND ALLOCATION OF RESOURCES	
2.1 Funding	
Compliance	X
Partial compliance	
Non-compliance	
2.2 Infrastructure	
Compliance	X
Partial compliance	
Non-compliance	
2.3 Working Environment	
Compliance	X
Partial compliance	
Non-compliance	
2.4 Human Resources	
Compliance	X
Partial compliance	
Non-compliance	

Principle 2: PROGRAMMING AND ALLOCATION OF RESOURCES (overall)	
Compliance	X
Partial compliance	
Non-compliance	

Panel Recommendations

- P.2.1. Announce new permanent faculty positions to improve the student-to-faculty ratio.
P. 2.2. Strengthen key units (MODIP, DASTA, Career Office) with appropriate staffing. MODIP

in particular needs reinforcement to ensure timely and comprehensive quality process oversight.

P. 2.3. Maintain and expand the use of specialized quality and efficiency indicators per unit, especially in education and research performance.

P. 2.4. Broaden own-source revenues to enhance the financial flexibility in cases of difficulties.

P. 2.5. Upgrade teaching and laboratory infrastructure.

P. 2.6. Increase per-student funding, especially for housing and meals.

P. 2.7. Continue digitizing services and interconnecting unit information systems into an integrated Information System to enhance transparency and efficiency.

Principle 3: STRUCTURE, ORGANISATION AND OPERATION OF THE IQAS

THE IQAS INCLUDES ALL NECESSARY PROCESSES AND PROCEDURES FOR THE COMPLIANCE OF ALL THE INSTITUTION'S ACADEMIC STRUCTURES, ACTIVITIES AND ADMINISTRATIVE SERVICES WITH THE QUALITY STANDARDS. THE QAU IS THE COMPETENT UNIT FOR THE ORGANISATION AND OPERATION OF THE IQAS AND HAS THE REQUIRED FUNCTIONAL INDEPENDENCE AND OPERATIONAL CAPACITY FOR THE EFFECTIVE IMPLEMENTATION OF THE IQAS, AS WELL AS FOR ITS COMPLIANCE WITH THE PRESENT STANDARDS.

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 HAHE principles and guidelines described in these Standards.

Structure and organization

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 Institutions' 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 HAHE 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's Gazette, as well as on the Institution's website. The above are reviewed every five years, at the latest.

To achieve the above goals, the QAU collaborates with the HAHE, develops and maintains a management information system to store the quality data, which are periodically submitted to the HAHE, 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 Institutions' competent bodies, as provided by the law, while all competences accruing from this structure are clearly defined.

The QAU is staffed by a sufficient number of permanent personnel, so as that the operational needs of the IQAS are completely met. The administrative officer of the QAU has comprehensive updating and knowledge about the implementation of its operations and activities.

Operation

The institution takes action for the design, establishment, implementation, audit and

maintenance of the Internal Quality Assurance System (IQAS), taking into account the requirements of the Standards, while making any necessary amendments to ensure fitness to achieve its aims.

The above actions include:

- the provision of all necessary processes and procedures for the successful operation of the IQAS, as well as the participation of all parties involved, across the Institution. 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;
- the 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 implementation.

Documents

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

Documentation

E3.1 Government Gazette for the approval, structure, and operation of the IQAS and the QAU

E3.2 Updated IQAS Quality Manual (including the QAU organisational structure- job descriptions, tasks, skills)

E3.3 QAU Internal Regulation

Institution compliance

I. Findings

The Institution has developed an institutionally established and sufficiently documented IQAS, which is described in detail in official documents such as the Government Gazette for the establishment and reform of the IQAS (E3.1), the Quality Manual (E3.2), and the Operating Regulations of the Quality Assurance Unit (QAU) (E3.3). The Quality Manual includes the core procedures for the

design and revision of Study Programs (Procedures 8.1, 8.2, and 8.3), which explicitly define the stages, workflows, responsible bodies, and conditions for decision-making. The approval of the organization, structure, and operation of the IQAS and the QAU of the University of the Peloponnese was issued through Senate decision No. 1/31.01.2018 (B' 698). This was updated/replaced by Senate decision No. 248/12/25.01.2024.

The structure and operation of the IQAS are proposed by the QAU, approved by the Senate, and published in the Government Gazette. The QAU operates as an independent organizational unit at the Department level and is supervised by the Rector or the Vice-Rector assigned this responsibility. The QAU is internally structured as follows:

a) The Quality Assurance Committee

b) The Quality Assurance Service

The Quality Assurance Committee is established by Senate decision for a five-year term and includes:

- the Rector or the responsible Vice-Rector,
- five (5) faculty members of Professor or Associate Professor rank,
- one (1) representative from each of the following staff categories: Laboratory Teaching Staff (EDIP), Special Teaching Staff (EEP), and Special Technical Laboratory Staff (ETEP),
- one (1) undergraduate student representative,
- one (1) postgraduate or doctoral candidate representative, and
- one (1) representative of visiting professors, adjunct faculty, visiting researchers, and contract researchers.

Although provision exists for student representation, at the time of reporting, the student body had not yet appointed a representative. The QAU is supported by four administrative staff members. The Government Gazette dated 25.01.2024 details the IQAS structure and operation.

The QAU plays a central role in coordinating IQAS implementation, monitoring the quality of academic functions, and preparing the annual Evaluation Report (2023–2024), which includes specific quality objectives, indicators, and departmental activities. Practical application includes the use of tools such as curriculum mapping (e.g., in three Study Programmes), learning outcomes assessment, and enhancement of student-centered learning through active learning methods.

The QAU fosters a culture of quality within the University, with IQAS principles now widely recognized and implemented by faculty, administrative staff, and to some extent, students. Dissemination is achieved mainly via Departmental Quality Assurance Teams (OMEA) and annual evaluations. Ongoing collaboration with administrative offices and the use of digital tools reinforce system stability.

The University's Digital Governance Unit supports IQAS operations through information systems (e.g., Unversis), enhancing data documentation and management. Departmental secretariats significantly contribute to collecting and processing quantitative and qualitative evaluation data.

II. Analysis

The Quality Assurance Unit (QAU) uses key performance indicators aligned with the National Quality Assurance Framework (OPESP) and the requirements of HAHE . However, the linkage between these indicators and the University's strategic goals remains limited. Specific quality indicators that could demonstrate the relevance of quality actions to strategic objectives are underutilized, reducing the system's capacity to provide systematic feedback to strategic management. Institutionally, according to the manual of Quality Assurance System, the University of Peloponnese meets the requirements of Principle 3, demonstrating institutional completeness, sufficient organizational structure, and clearly defined procedures. The active involvement of the QAU, participation of Internal Evaluation Groups (OMEA), and the adoption of goal-setting (based on SMART criteria) are all indicators for an effective implementation of IQAS. Nonetheless, certain weaknesses are noted:

- The Engagement of external stakeholders (e.g., alumni, social partners, professional associations) in the design and revision of Study Programs is limited and not institutionalized.
 - Curriculum mapping remains at the pilot stage and is not yet implemented across all Study Programs.
 - The connection between evaluation results and Study Program revisions is not always documented in a transparent and systematic way.
 - The discussion with Students showed a complete lack of awareness regarding quality assurance procedures and the role of MODIP. Their participation is limited to completing questionnaires, without receiving feedback on the outcomes.
 - The internal audit process focuses solely on financial risks and has been outsourced.
 - While OPESP core indicators are used, a more targeted analysis using specific indicators per Program or School could improve the precision and operational usability of the IQAS.
-

III. Conclusions

The Institution demonstrates institutional partial compliance with Principle 3. The QAU is operational and its procedures are mapped with the use of selected quality monitoring tools. However, several areas could be strengthened to improve the effectiveness of the IQAS. These include : enhancing the efforts of both internal and external processes of IQAS in a way accros the entire

institution and the social partners, fully implement curriculum mapping, utilize specific quality indicators, and reinforcing internal control through a dedicated internal audit service with clearly defined responsibilities. Such improvements would support more effective monitoring of the implementation of quality objectives and strengthen the link between quality assurance, strategic planning and operational decision-making. Additionally, identifying alternative ways to motivate students to participate more actively in quality processes could significantly enhance both the effectiveness and the credibility of the system.

Panel judgement

Principle 3: STRUCTURE, ORGANISATION AND OPERATION OF THE IQAS	
Compliance	
Partial compliance	X
Non-compliance	

Panel Recommendations

P.3.1. Institutionalize the participation of external stakeholders (e.g., alumni, professionals, social partners) in the design and review phases of Study Programs.

P.3.2. Fully implement curriculum mapping across all Study Programs, supported by the QAU and OMEA.

P.3.3. Systematically document the connection between evaluations (both quantitative and qualitative) and specific decisions regarding Study Program revisions.

P.3.4. Introduce more specific OPESP indicators per School or Department, to monitor areas such as employment of the graduates, experiential learning, mobility participation, resource allocation, cost monitoring by function, and alignment with the effectiveness of institutional goals.

P.3.5. Strengthen student voice through institutionalized dialogue mechanisms (e.g., thematic groups, regular feedback panels).

P.3.6. Staff the QAU with appropriate scientific personnel and enhance its decision-making role by linking findings to annual planning.

P.3.7. Cultivate a Quality culture by offering regular training of faculty and staff on evaluation and strategic development processes. Ensure dissemination of QAU results to academic units to boost engagement in self-assessment. Explore alternative communication channels to promote a culture of quality.

P.3.8. Digitize and automate systems to ensure full integration of information systems and establish a unified platform for monitoring and overseeing quality assurance processes.

P.3.9. Institutionalize the integration of QAU findings at all levels of strategic and

operational planning.

P.3.10. Establish a separate internal auditing service with clearly defined responsibilities for monitoring the implementation of quality objectives.

Principle 4: SELF-ASSESSMENT

THE INTERNAL QUALITY ASSURANCE SYSTEM CONDUCTS INTERNAL EVALUATION OF THE WHOLE RANGE OF ACADEMIC AND ADMINISTRATIVE ACTIVITIES OF THE INSTITUTION, AS WELL AS ANNUAL REVIEW OF THE SYSTEM, TO IDENTIFY ANY OVERSIGHTS, DEFICIENCIES OR DISCREPANCIES. CORRECTIVE ACTIONS AND IMPROVEMENTS ARE PROPOSED TOWARDS THE ACHIEVEMENT OF THE QUALITY AND STRATEGIC GOALS. DURING THE SELF-ASSESSMENT, THE EFFECTIVE INTERNAL COMMUNICATION WITH THE INTERNAL AS WELL AS THE EXTERNAL STAKEHOLDERS IS ENSURED.

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 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 are made in the context of the annual IQAS review and 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 revised shortly, prior to the institutional approval of the programmes.

Documentation

E4.1 Minutes and other documents and relevant correspondence regarding the annual internal evaluation of the IQAS by the QAU

E4.2 Results of the last annual internal evaluation of the IQAS by the QAU, and the relevant minutes and documentation

E4.3 Correspondence and other actions (workshops, meetings) for collecting feedback from the external stakeholders

Institution compliance

I. Findings

Document “E4.1 new Εσωτερ. αξιολ. ΕΣΔΠ.pdf” (Internal Evaluation of IQAS) submitted by the institution was prepared by the Quality Assurance Unit (QAU) in December of 2023. It was conducted for the period 2019-2022. It is also displayed on the institutional website (Modip.uop.gr). The panel had additional supplemental sources of information relating to the process of Internal Evaluation which included:

E1. new Πρόταση Πιστοποίησης (Proposal for Accreditation), E1.3 new Στοχοθεσία Ποιότητας (Institutional Goal Setting), E3.2 new Εγχειρίδιο Ποιότητας (Quality Manual), E4.2 new Ανασκόπηση ΕΣΔΠ (Review of IQAS), Rector and Chair of MODIP Presentations, Report of 2023-2024 Goal Setting Evaluation

II. Analysis

The findings of the annual Internal Evaluation process of the IQAS enable the quality assessment of all operations, services and functions of the institution as well as the assessment of their degree of compliance with the requirements associated with each one of the seven (7) ETHAAE Principles listed in the Accreditation Template. Principle 4 in the Accreditation Template defines the prototype to be used to ensure that the road map and the methodology used to evaluate the rest of the Accreditation Template Principles are being applied as discussed in the Quality Manual of the institution. In the Quality Manual, there is one Διεργασία (process) with several accompanying Διαδικασίες (procedures) that corresponds to each Principle of the Accreditation Template.

For the Internal Evaluation process of the IQAS, as discussed in document “E4.1 new Εσωτερ. αξιολ. ΕΣΔΠ.pdf” (Internal Evaluation of IQAS), the Quality Assurance teams used and followed for the most part the Quality Manual steps and requirements as described in each one of the manual’s seven sections, namely, 7 Διεργασίες (processes) with several Διαδικασίες (procedures) within each one. The Principle 4 Self -Evaluation section in the manual was used as the prototype for the evaluation process of the rest of the Principles.

The document that was submitted is mostly a verbal description of the Internal Evaluation process, the results obtained and the actions that were implemented. The discussion is clear, organized and comprehensive but without the inclusion of metrics or quantitative data. Occasional references were made to relevant

goal setting indicators and their values that can be found in the submitted goal setting documents.

The accreditation panel ignored the fact that the evaluation was based on information and data of a past academic year and instead it based its appraisal on the procedure implementation itself. On that basis, the panel recognizes the following positive aspects of the main document “Ε4.1 new Εσωτερ. αξιολ. ΕΣΔΠ.pdf”:

- a. The clear, organized, extensive verbal description regarding the justification of results, conclusions, recommendations, action items, implementation procedures and follow up corrective actions, as needed, associated with the process.
- b. The consultation, use, and close adherence to the Quality Manual to conduct the Internal Evaluation of the IQAS Principles to ensure compliance with the ETHAAE Accreditation Template requirements.
- c. The adoption of the “Process” and associated “Procedures” approach suggested by the Διαργασία 4 (Process 4) of the manual for the Internal Evaluation of all other Principles.

On the other hand, the panel acknowledges the weak aspects of the Internal Evaluation as presented to be:

- a. The lack of direct use and inclusion of any quantitative information associated with the verbal description of any issue mentioned in any section of the Quality Manual the sections of which correspond to the Internal Evaluation report template. Nevertheless, an abundance of relevant metrics can be located by searching in the goal setting collection of documents.
- b. The absence of a document in the form of an Annual Internal Evaluation Report presenting the process, the results, the conclusions and follow up actions of each “Process” in the manual (equivalently each ETHAAE Principle) in a somewhat abbreviated form, convenient for the reader to review rather than having the reader search, look and find quantitative information of interest dispersed within the extensive tables of goal setting indicators.
- c. The absence of at least one sample form (Έντυπο), such as the ones suggested in the Quality Manual Appendix D, to illustrate the formal recording and documenting of results and follow up activities of the Internal Evaluation.

III. Conclusions

The accreditation panel understands that the Quality Assurance personnel conducted the tasks involved for the Internal Evaluation Process of the IQAS by following the directives of the institutional Quality Manual in a dedicated, thorough manner, with smooth cooperation and regular formal meetings

accompanied by recorded session minutes. The results and conclusions derived from the process and the follow-up actions were well articulated, yet poorly justified, supported and documented. The relevant quantitative information which can be found dispersed among the various goal setting documents was not incorporated in the Internal Evaluation document.

Panel judgement

Principle 4: SELF-ASSESSMENT	
Compliance	
Partial compliance	X
Non-compliance	

Panel Recommendations

P4.1. Present the Internal Evaluation process and its findings in a more consolidated and summarized version, in the form of an Internal Evaluation Report that combines verbal descriptions coupled with corresponding quantitative (indicator) values or at least make appropriate, direct references to the goal setting tables, easy to be located by the reader for verification. Perhaps one such report may be produced separately for each Principle of the Accreditation Template, following the corresponding “Process” sections of the Quality Manual. Finally, these individual reports (one for each Principle) could be combined into a collective, comprehensive report.

P4.2. Using the suggested procedures and format of the Quality Manual, consider the design/creation of a “Standard Template” for each Process (Διεργασία) / IQAS Accreditation Template Principle to be combined eventually to an “Overall Standard Internal Evaluation Process Template” for the final report. The benefit of such one-time labor investment is that the these standard templates can be repeatedly used each year by merely updating the information. This will substantially reduce the effort of the quality assurance teams and standardize the Internal Evaluation Report preparation.

NOTE: The recommendations do not refer to tasks or policies that must be tracked and improved over time. As such, it is recommended that a similar approach be adopted for the Internal Evaluation Reports of Academic Departments and Programs of Study, both Undergraduate and Graduate. The panel feels that ETHAAE should encourage, guide and support the effort of creating such “Standard Templates” in the same spirit as the development of the Accreditation Report Template. This will eliminate the non-homogeneity that prevails among the Internal Evaluation results submissions among all academic institutions and will substantially decrease the work load of quality assurance teams in the future.

Principle 5: 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, THROUGH INFORMATION SYSTEMS, AIMING AT THE EFFECTIVE MANAGEMENT OF THE QUALITY DATA RELATED TO TEACHING, RESEARCH AND OTHER ACADEMIC ACTIVITIES, AS WELL AS THOSE RELATED TO THEIR ADMINISTRATIVE OPERATION.

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 indicators and data provided by the HAHE 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.

Institutions are under an obligation to provide or transfer data (through the QAU) to the HAHE, for the purposes of quality assurance, and monitoring of their strategy and funding.

Documentation

E5.1 Reports from the National Information System for Quality Assurance in Higher Education (NISQA) and accompanying assessment report by the QAU

E5.2 Description of the functions of the QAU information system

E5.3 Sample of fully completed questionnaire of satisfaction surveys addressed to the teaching and the administrative staff

E5.4 QAU report on the utilisation of the data collected from the QAU information system (internal evaluation, quality targeting, etc.)

Institution compliance

I. Findings

The IQAS at the University of Peloponnese plays a crucial role in resolving, and planning action plans in response to evolving needs, priorities, challenges, and opportunities both within the institution and externally. During the assessment

visit, we observed active engagement and appreciation from faculty, staff, and the organization, recognizing that feedback and recommendations are taken seriously. This was supported by written documentation, including policies, data reports, and satisfaction questionnaire samples.

The institution has developed and utilizes various information systems to collect and manage quality data related to its academic, research, and administrative activities. These systems include ELKE, the Directorate of Administrative Services, the Directorate of Financial Management, the Library, the Electronic Secretariat, student records management, the student welfare information system, the career office, internship management, and the MODIP information system. MODIP is set to acquire a new information system for the years 2025 and beyond, which will feature multiple key subsystems all integrated for automatic data collection. Once fully implemented, this system will include essential features such as instructor and course records, teaching evaluations, satisfaction questionnaires, performance indicators, and other research and quality assurance tools. The collection of primary data from other institutional systems will be a significant step toward achieving complete functionality. This integration aims to support the institution's internal operations and MODIP by extracting and processing data across the entire institution.

This platform will enable users to perform statistical analysis, create and monitor business performance indicators, and ensure data accuracy and reliability. The institution maintains a sufficient volume of data for conducting analysis and evaluation. UoP uses various methods to gather and manage data for IQAS, including a student learning and feedback system, a Business Intelligence (BI) system for institutional data, and a communication system with HAHE. The QAU manages these tools centrally, with access also provided to OMEA groups. Course-related data are collected at the end of each semester, while performance metrics are gathered annually. Student feedback is systematically analyzed and used in university decision-making.

II. Analysis

Recommendations on teaching approaches, such as interactive methods rather than didactic ones or inclusion of more methods to be tested on a course other than a final exam (i.e. projects) were promptly adopted by the teaching staff. Other outputs and recommendations are ongoing, integrated into infrastructure (residences, libraries), support services (psychological provision). These ongoing challenges are compounded by the multi-site campus nature of the UoP, which is also one of its distinct strengths. Plans are in place to address residence issues on the main campus through the purchase of an abandoned hotel, soon to be renovated and house approximately 120 students. The internal evaluation process includes all internal stakeholders: students, faculty, administrative and

technical staff, and OMEA teams. However, alumni, representatives of social partners, and collaborating bodies participate informally and on an ad hoc basis.

Student participation in feedback surveys dropped sharply with the shift from paper to electronic surveys. During panel discussions, students noted access to end-of-semester evaluations and received some limited feedback on corrective actions taken by the institution. Student participation in feedback surveys is rather limited, and the participation rate decreased significantly when the university transitioned from paper-based to online surveys. This trend is typical for student surveys globally. In the case of UoP and other Greek universities, oversubscription to courses with students who do not attend lectures can result in distorted percentages. During discussions between the EEAP panel and students, it was mentioned that limited feedback is provided on the corrective actions taken by the university following the evaluations.

III. Conclusions

The IQAS is a central mechanism for maintaining high academic standards across the Institution and is endorsed throughout the institution. Student and staff surveys and recommendations are taken seriously, particularly in improving individual and collective learning objectives and delivery. This also applies to broader student support systems, which are more challenging to address, especially across six sites. The alignment between IQAS outputs, research and innovation, and the reinvestment of available funds in the context of UoP's mission and strategic objectives is crucial for the future. The panel concludes that the institution complies with Principle 5, despite the fact that additional effort is needed.

Panel judgement

Principle 5: COLLECTION OF QUALITY DATA: MEASURING, ANALYSIS, AND IMPROVEMENT	
Compliance	X
Partial compliance	
Non-compliance	

Panel Recommendations

- P5.1. Revisit the alignment of strategic directions with attainable prioritized goals.
- P5.2. Address student feedback on infrastructure quality.
- P5.3. Engage students more in feedback surveys and provide responses to their evaluations.

P5.4. Formalize external stakeholder and alumni input to quality assurance via formal surveys.

Principle 6: PUBLIC INFORMATION

INSTITUTIONS SHOULD PUBLISH INFORMATION ABOUT THEIR TEACHING AND ACADEMIC ACTIVITIES IN A DIRECT AND ACCESSIBLE MANNER. ALL PERTINENT INFORMATION THAT APPEARS IN THE INSTITUTION'S WEBSITE 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.

The public information available via the internet should appear in Greek and in English, the webpages should have uniform architecture, structure and content across all academic units of the Institution, so that the users can easily identify the information of their interest.

Documentation

E6.1 Results of the assessment of the functionality and the content, as well as of the maintenance and update of the Institution's webpage

E6.2 List of the links included in the Institution's and QAU webpage, and of the special personalized internet applications

Institution compliance

I. Findings

The institution maintains a comprehensive and largely functional digital presence to support transparency in its academic and administrative operations. The main institutional website (<https://www.uop.gr>) has been redesigned and substantially improved in recent years, offering extensive information on academic programmes, governance, regulations, and support services. The review panel also considered two key documents submitted as part of the self-evaluation: E6.1 ιστοσελίδα and E6.2: Κατάλογος συνδέσμων. These documents list all minimum requirements of Article 45 of Law 4957/2022 and how academic and administrative information is accessible to the public.

Multiple subsystems and platforms (e.g., for student records, MODIP reporting, and academic evaluation) are integrated into the web environment, and a large catalogue of links supports access to key services. Despite this positive overall picture, the panel observed minor persistent issues. While the main site is adequate, navigation can be burdensome, particularly for MODIP-related content, there is variation in completeness, and bilingual content across departmental and programme websites. Additionally, some required accountability documents, such as end-of-term reports by Departmental heads,

were not to be found on the site and some links were leading to non-existing pages.

The institution is also active on social media, addressing both existing students as well as general public. In addition to its digital infrastructure, the institution also produces printed materials through its Public Relations Office, which are available in both Greek and English.

II. Analysis

The main website is well structured, complies with relevant legal obligations, and contains updated material. The central role of the QAU and the establishment of internal mechanisms, such as checklists for published content, demonstrate an institutional commitment to transparency and quality assurance. The inclusion of printed public information materials, which are bilingual and consistently updated, reflects a parallel and well-organised strategy for outreach to broader audiences. These printed materials effectively complement the digital resources and enhance the institution's ability to communicate key information in formal settings, such as conferences or promotional events.

Minor cases of inconsistencies or missing pages exist across Departmental and programme websites. Bilingual content is present at the central level but is incomplete or absent in many subdomains. MODIP-related platforms, while functional and fully transparent, are not easily navigable requiring multiple steps to locate specific content.

There was no report of the metrics used for the monitoring of the site and info projected via the site provided, but evidence suggests an up-to-date and complete content.

III. Conclusions

The institution meets all baseline requirements of Principle 6 and has made measurable improvements in the structure, transparency and navigation logic of its public information. The central website reflects a coordinated institutional approach, and the QAU's efforts contribute to sustained quality. The availability of informative and bilingual printed materials also strengthens the institution's outreach and visibility. Nonetheless, minor gaps in consistency, accessibility, and usability across subdomains—especially for non-Greek users—remain an area of underdevelopment. Full alignment of departmental and postgraduate web content with the institutional model, and elimination of missing pages would further strengthen the institution's public engagement and international profile. The Panel considers the Principle as fully Compliant.

Panel judgement

Principle 6: PUBLIC INFORMATION	
Compliance	X
Partial compliance	
Non-compliance	

Panel Recommendations

P.6.1. The institution should continue to adopt a unified website structure and content template across all academic departments and postgraduate programmes to ensure consistency and ease of navigation, enhancing also the availability of English-language content

Principle 7: EXTERNAL EVALUATION AND ACCREDITATION OF THE IQAS

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

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.

Documentation

E7.1 Five-year Progress Report, on the response to the recommendations included in the most recent IQAS Accreditation Report

Institution compliance

I. Findings

The previous Accreditation Report of IQAS was done in November of 2018. In that report there were quite a few recommendations by the accreditation panel for the various principles, the general section of recommendations of the report and for some suggested areas of weakness. In total there were 26 specific recommendations and 3 of general nature. Besides the document "E7.1_New Έκθεση Προόδου 5ετίας" (Five Year Progress Report), the files: External Evaluation Report of April 2016 and Final IQAS Accreditation Report of November 2018 were available for this panel's review.

II. Analysis

The Panel examined document «E7.1-New Έκθεση Προόδου 5ετίας» (Five Year Progress Report) in which the responses to the recommendations were presented. The recommendations that were deemed similar in context, area of activity or relevance, type of urgency etc. were grouped together and were accompanied by a brief explanation, justification or type of correction action

envisioned, prior to the document's main presentation content that consists of two main, concise and well organized Tables:

Table 1. Action Plan

This table displays:

- A description of each recommendation
- The goal expected to be achieved as a response to the recommendation
- Actions needed to achieve the goal
- Responsible individuals or competences required to pursue the goal
- Anticipated time of achieving the goal
- Resources needed to work on the goal

Table 2. Monitoring Progress and Results

- A description of each recommendation
- Completed Actions
- Achieved results
- Percentage completion of each recommendation response

III. Conclusions

The accreditation panel feels that the quality assessment team has done a very organized, thorough and comprehensive job in responding to the recommendations of the previous accreditation review of the IQAS. It also appears that the completion percentage of the responses to the recommendations after five years, have been quite successful with a good percentage of them having been completed, and some of them still being worked on because of their time horizon dependence aspect.

Panel judgement

Principle 7: EXTERNAL EVALUATION AND ACCREDITATION OF THE IQAS	
Compliance	X
Partial compliance	
Non-compliance	

Panel Recommendations

No recommendations

PART C: CONCLUSIONS

I. Features of Good Practice

1. The university has submitted a formally approved Strategic Plan (2024–2027) with thematic priorities covering core academic and administrative domains (E1.1).
2. A standalone Quality Assurance Policy (E1.2) clearly aligned with ESG and HAHE standards, outlining responsibilities and stakeholder involvement.
3. MODIP is institutionally defined, functionally operational, and documented through quality manuals and evaluation reports (E3.2, E4.1, E4.2).
4. A set of SMART-formulated annual quality goals is operationalized and supported by institutional data systems (E1.3, E5.1, E5.4).
5. Resource planning and allocation follow Law 4653/2020 and involve structured budgeting, digital tracking, and alignment with strategic goals.
6. ELKE is ISO-certified and manages 191 active projects, significantly supporting research and development with evidence-based management tools.
7. IQAS structure and documentation are complete and compliant, governed through Senate decisions and supported by detailed Quality Manuals (E3.1, E3.2, E3.3).
8. The institution employs performance indicators (OPESP) and collects comprehensive data using various systems like Unversis and ELKE platforms.
9. The institution maintains an informative, bilingual, and legally compliant website with printed materials supporting outreach (E6.1, E6.2).
10. A well-documented and structured five-year progress response (E7.1) to prior recommendations, showing significant institutional maturity.

II. Areas of Weakness

1. The SWOT analysis is descriptive and not used for strategic prioritization or resource planning (E1.1).
2. Strategic goals are vague and not tied to KPIs or performance logic models (E1.3).
3. The QA Action Plan overemphasizes administrative updates over teaching or academic improvement (E4.2).
4. Lack of stakeholder engagement in strategy formation—no surveys, workshops, or feedback mechanisms reported (E1.1, E1.2).
5. Absence of vertical integration between departmental planning and institutional strategy (E4.2).
6. Indicators are present but underutilized; there is no evidence of performance-based revisions or feedback loops (E5.4).
7. Quality culture is centralized and compliance-focused; student and faculty engagement is limited (E4.2).
8. No institutional document consolidates internal evaluation findings with metrics—

data is fragmented (E4.1).

9. Student participation in feedback surveys is low post-digitization, and communication of results is limited (Principle 5).

10. MODIP, DASTA, and the Career Office are understaffed, weakening QA system implementation (Principle 2).

III. Recommendations for Follow-up Actions

1. Link SWOT findings directly to strategic goals using data and benchmarking (P1.1).

2. Develop SMART KPIs with baselines and benchmarks for all strategic objectives (P1.2).

3. Institutionalize stakeholder participation through structured consultation processes (P1.3).

4. Realign QA Action Plans to prioritize teaching and pedagogical innovations alongside administration (P1.4).

5. Consolidate departmental and institutional planning to ensure strategic alignment (P1.5).

6. Establish performance feedback loops to adapt strategies based on indicator trends (P1.7).

7. Reinforce MODIP and key administrative units with adequate human resources (R2.2).

8. Create standardized templates for Internal Evaluation Reports combining narrative and indicators (R4.2)

9. Fully implement curriculum mapping across all programs and ensure systemic feedback incorporation (R3.2, R3.3).

10. Take concrete action to render all stakeholders in the process actively committed in the project of IQAS.

IV. Summary & Overall Assessment

The Principles where compliance has been achieved are:

2, 5, 6, 7.

The Principles where partial compliance has been achieved are:

1, 3, 4.

The Principles where failure of compliance was identified are:

Not Applicable

Overall Judgement	
Compliance	
Partial compliance	X
Non-compliance	

The members of the External Evaluation & Accreditation Panel

Name and Surname	Signature
SKOUTERIS THOMAS	Signed by SKOUTERIS THOMAS - 04/07/2025 17:13:19 +03:00
ECONOMIDES SPYROS	Signed by ECONOMIDES SPYROS - 04/07/2025 17:13:19 +03:00
MASTROGIANNAKIS STYLIANOS	Signed by MASTROGIANNAKIS STYLIANOS - 04/07/2025 17:13:19 +03:00
Papathomas Aristides	Signed by Papathomas Aristides - 04/07/2025 17:13:19 +03:00
Skevoulis Sotirios	Signed by Skevoulis Sotirios - 04/07/2025 17:13:19 +03:00