



 <b>Universitat Europea VALENCIA</b>	PROCEDURES MANUAL	EDITION 06
	<b>PC 12.1 SYSTEM REVIEW AND DOCUMENTARY CONTROL</b>	

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Prepared:	Revised:	Pass:
Quality Assurance Team Management Board	Office of the Pro-Vice-Chancellor for Teaching Staff and Research	Vice-Chancellor's Office
		
<b>Mª Olga Castelao Naval</b>	<b>Eva María Icarán Francisco</b>	<b>Mª Rosa Sanchidrián Pardo</b>
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## 1. OBJECT

Establish the guidelines to be followed to review and approve the processes that make up the Internal Quality Assurance System (hereinafter, IQAS) and the documentation it generates, as well as to ensure that changes and the current revision status of the documents are identified. In addition to ensuring that the Quality System is implemented, developed and continuously improved.

## 2. SCOPE

This procedure applies to all files and documents of the Internal Quality Assurance System of the Universidad Europea de Valencia (hereinafter, the University).

## 3. REFERENCES


- Quality Policy
- Internal Quality Assurance Manual (IQASM)
- AUDIT 2018 Programme Template

## 4. DEVELOPMENT OF THE PROCESS

### 4.1 Review and approval of Internal Quality Assurance System documents

The SAIC documents are drawn up jointly by those responsible for the procedure to which they belong and the Quality Assurance Team, reviewed by the Pro-Vice-Chancellor for Teaching Staff and Research and approved by the Vice-Chancellor's Office, whose signatures, as a sign of conformity, appear on the first page of each procedure.

Any member of the stakeholders can propose the creation or modification of a procedure through the Communication channels available for suggestions described in the procedure PC 9.1 Student Affairs. Management of Suggestions, Complaints, Claims and Acknowledgements, or the system review mechanisms described in procedure PC 12.2 Analysis and Improvement. , changes may occur due to corrective or preventive actions, improvements to the system introduced by the Quality Assurance Team,

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modification of the University's processes and structure and/or legislation in force or others that affect the functioning of the System.

The Quality Assurance Team collects and assesses the motivations that may make it necessary to modify the procedures, assessing the need for modification according to the change identified. The Quality Management Board is responsible for approving changes to SAIC documents, informing the Pro-Vice-Chancellor.

Each modification made shall be validated in collaboration with the person responsible for each of the Fields affected by the procedure.

The Quality Assurance Team updates the SAIC documentation, identifying changes, controlling the current version and safeguarding the obsolete one. It is also responsible for disseminating the new documentation in force and removing obsolete documentation from the places where it is published.

## 4.2 Dissemination of Internal Quality Assurance System documents

When a significant modification is made to the procedures or the global revision of the Quality System, these are disseminated to the affected stakeholders. To this end, the updated or modified documentation of the system in draft version is made available to everyone so that they can make suggestions in the Open Hearing.

The suggestions, comments or proposals received are analysed by the Quality Assurance Team and, after evaluation, are incorporated into the final documents for subsequent approval. They are signed by the Management Board of the Quality Assurance Team, the Vice-Vice-Chancellor for Teaching Staff and Research and the Vice-Chancellor's Office, in that order.

The new documentation is published on the University and the Centre's website, on the Quality Portal on the intranet, and is thus available to all stakeholders and society in general.


Likewise, the documentation of the Quality System is archived in the different digital repositories available:

- Specific repository of the Quality Assurance Team.
- Repository shared with each Centre where, by means of a system of permissions, the members of the academic activity (Heads of Centre Field, Degree Coordinators, Master's Programme Directors, teachers) can access.
- Quality Portal.
- University and Centre website

The Quality Assurance Team is the custodian of the signed Quality documentation and is responsible for controlling and keeping it up to date.

## 4.3 Monitoring, analysis and improvement

To ensure that the SAIC is in place and that all procedures are effectively maintained accordance with the requirements and commitments made, the University carries out internal audits in the different areas of the University.

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### **Internal audits**

The objective of the internal audit is to assess the degree of implementation of the SAIC, to detect the strengths and opportunities for improvement in its implementation and to identify the main recommendations to ensure its correct development.

This process is led by the Quality Assurance Team together with the Centre Managers, and its scope covers all the procedures that make up the University's SAIC.

The Quality Management Board schedules internal audits taking into account:

- Fields to be audited, responsible parties and scope of the audit.
- Results of previous audits
- Status of activities to be audited (Bachelor's Degree of implementation, etc.)
- Dates foreseen for its implementation.

Partial audits can be scheduled annually, grouped by Field, so that after five years the entire IQAS has been reviewed, without prejudice to audits of a specific area for any justifiable reason. Although they can be carried out at any time of the year, it is advisable to carry them out when consolidated data and/or the closing of a cycle are available, so that the evolution of different dimensions related quality can be seen over time.

The Quality Assurance Team selects the qualified audit staff. The auditor is responsible for distributing the work plan to all those involved in the audit, well in advance of the audit.


The execution of the audit consists of the following phases:

- Preliminary meeting: where the auditor meets with those responsible for the Field to be audited and informs them of the Core aspects of the audit.
- Implementation: compliance with the applicable procedures is checked.
- Final meeting: Introduction of the results and discussion of possible corrective and preventive actions.

The audit will assess the development of the process, its degree of implementation, structure, records and system documents.

The internal audit ends with a report submitted by the auditor stating the results of the audit, indicating any deviations/non-conformities detected and, where appropriate, identifying the corrective actions agreed. A copy of the report is sent to the Quality Management Board so that it can propose corrective actions, if necessary.

The more detailed development of the performance of the internal audit is set out in Technical Instruction IT 01. PC 12.1 System Review and Documentary Control.

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### **Indicator Report**

To guarantee the monitoring and analysis of the implementation of the SAIC, the Quality Assurance Team carries out an annual review and analysis of all the indicators that measure each SAIC procedure in order to detect possible deviations and improvements.

All indicators are included in the document called Indicator Sheet. Each indicator is described in detail in the Indicator Factsheet which constitutes the SAIC Indicator Guide kept by the Quality Assurance Technician Team.

Each **Indicator Factsheet** collects:

<b>TECHNICAL DATA SHEET INDICATOR</b>	<b>CODE:</b>	<b>IND 0X PGC YY</b>
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- Indicator Code: **IND XX-PC YY**, where:
  - IND: Acronym identifying an indicator of the System.
  - XX: Indicator number. This value is correlative for each of the processes.
  - PC YY: Quality Procedure

**Edition:** Sequential number after modification **Date:**


Date on which the indicator is validated **Reviewed**

**by:** Responsible for the indicator

<b>Name</b>	Indicator name
<b>Description</b>	Indicator detail
<b>Calculation</b>	Indicator formula
<b>Schedule</b>	Per Academic year or calendar year
<b>Level of segmentation</b>	Indicator at Degree/ College/University level
<b>Responsible for the Indicator</b>	Graduate Innovation and Learning Assessment Unit
<b>Responsible for measurement</b>	Department, Field or unit in aggregate
<b>Date obtained</b>	Calculation time
<b>Procedure</b>	Calculation time

On an annual basis, using the Indicator Sheets as a basis, each person responsible for the indicator is asked for the value of the indicator. These are subsequently analysed in the SAIC Indicator Report to detect possible deviations or points for improvement.

This analysis of the SAIC indicators may also lead to their modification or updating and is included in the Indicator Analysis document.

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### **Recording of changes**

Document revisions are made per complete document and a new edition is issued each time a change is made to the document revisions.

All modifications that occur follow the indicated development, review and approval process, which is identified by the signature of those responsible for each of the states and the date on which it occurs. In each procedure, the reason for the modification is recorded in the Change Control section.

The updates or modifications of the Procedures, Indicators or Registers are recorded in the document "Control of Documents in force" where the date of the last modification and the edition in force of the same is recorded. Likewise, modifications to Indicators are recorded in the edition number of each Indicator Data Sheet.

### **Designation and modification of system documents**

The name of the procedures corresponds to the following structure: [PC (acronym for Quality Procedure) + number of the process to which it belongs+ number of the procedure within that process + name of the procedure]. The name of the procedure must be representative of the contents described in .


All procedures shall have an edition number to avoid difficulties in drafting and shall be correlative to the last approved edition.

In order to document the different mechanisms necessary to guarantee the quality of university training, the following information is included in each procedure:




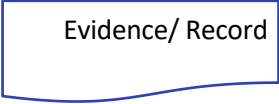

- Code, name and version
- Date of approval
- Description: Purpose, Scope, References and Development.
- Specificities per Centre
- Records, Monitoring and Measurement
- Responsibilities
- Stakeholders and Accountability
- Change control
- Annexes
- Flowchart

The flow chart that includes each of the procedures follows the following rules for its elaboration:

It will be edited vertically, leaving the top or left-hand side of the sheet for data entries and references, the central part for actions and decisions, and the right-hand side for outputs of documentary records or evidence.

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The most elementary forms for flowcharting (Core) will be used. The Core forms for drawing the process are:

Activity to be carried out	
Checkpoint/decision point	
Link to another process	
Document or evidence of the Activity	
Data, reports, documents used for the development of the Activity	

The designation of the technical instructions follows the following structure:


[IT (abbreviation of Technical Instruction) + number of the technical instruction within that process + name of the technical instruction]. The procedure to which the technical instruction is associated is then indicated.

In order to guarantee the traceability of the Quality System documents, the implemented changes associated with the corresponding edition are recorded in the Change Control document, which is updated and kept in the digital space of the Quality Assurance Team.

#### 4.4 Process Map

The Process Map is the ordered representation of the processes and shows the interrelationship between them within the management of the University's Academic Quality System.

The Process Map will be updated whenever there is any modification of Processes or Procedures by inclusion, deletion or modification of their name.

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## 5. SPECIFICITIES PER CENTRE

### School of Architecture and Polytechnic School

Not applicable

### Faculty of Social Sciences

Not applicable

### Faculty of Health Sciences

Not applicable

### School of Doctoral Studies and Research

Not applicable


## 6. RECORDS

NAME	CUSTODIAN
Open Hearing	Quality Assurance Team
IAS indicator sheet	Quality Assurance Team
PC List PC Registers Indicators	Quality Assurance Team
Change control document	Quality Assurance Team

## 7. MONITORING AND MEASUREMENT

The monitoring of this process is carried out continuously by the Quality Assurance Team and Academic Compliance, updating it when deemed necessary, based on the different situations that may arise in the reviews of the system.

IDENTIFIER	DEFINITION	RESPONSIBLE	CALCULATION PERIOD
IND01 PC12.1	Ratio of modified procedures	Quality Assurance Team	Academic Year
IND02 PC12.1	Ratio of modified indicators	Quality Assurance Team	Academic Year

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## 8. RESPONSIBILITIES

RESPONSIBLE	TASK DESCRIPTION
Quality Assurance Team Management Board	<p>Responsible for approving changes SAIC documents, informing the Pro-Vice-Chancellor.</p> <p>To act as a link between the Academic Council and the Quality Assurance Team with regard document management.</p>
Quality Assurance Team	<p>Update the documentation of the SAIC, identify changes, control the current version and take custody of the obsolete version.</p> <p>Disseminate the new documentation in force and remove all obsolete documentation from any media.</p> <p>Identifying, collecting and assessing the motivations that may lead to the need to change procedures.</p>

## 9. STAKEHOLDERS AND ACCOUNTABILITY

In order to promote the participation of all parties involved, the Quality Assurance Team informs all stakeholders about the existence of the SAIC and its related documentation, disseminating the information publicly and enabling their participation in proposals for modification.

## 10. EXCHANGE CONTROL

EDITION	DATE	REASON FOR AMENDMENT
05	13/05/2022	Replacement of the name "Guarantee" by "Assurance" in line with the new AUDIT model (2018 version) and "PGC" by "PC".
06	08/01/2024	Updating the process.

## 11. ANNEXES

Technical Instruction IT 01. Internal Audit. PC 12.1 System Review and Documentary Control.