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MODIFICATIONS			
EDITION	DATE	REASON FOR MODIFICATION	PAGES
1	10/10/2008	INITIAL VERSION	
2	19/09/2012	Adaptation of Procedure	2-4, 6, 7
3	12/03/2014	Process adaptation:	
		Modification of the purpose of the procedure	
		Update of definitions	2
		Update of process development	3
		Update of process diagram	5
		Inclusion of communication and indicators section	6
		Update of responsibilities	6
4	12/03/2015	Adaptation of the system	
5	16/03/2018	Adaptation of procedure	
7	25/06/2019	Unification of SGIC I and II	All
08	26/04/2021	Related documentation, change of location of the dissemination and communication summary, add names of procedures, include technical instruction, include Annex I, Director of Quality and Academic Compliance.	2, 3, 5, 6, 8
Approved by:		Approved by:	Approved by:
Olga Castelao Director of Academic Quality and Compliance		Eva Icarán Vice-Rector for Teaching Staff and Research Date: 26/04/2021	Elena Gazapo Rector

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Date: 26/04/2021		Date: 26/04/2021
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PURPOSE

To establish the guidelines to be followed for conducting reviews of the Internal Quality Assurance System (SGIC), and to ensure that it is effectively implemented, developed and continuously improved, as well as to describe how the documentation associated with the SGIC is managed. To this end, the assessment of results, indicators and degree of compliance with the objectives set are taken into consideration.

SCOPE

This procedure is applicable to the whole Internal Quality Assurance System, including the associated written documents, their custody and their location.

RELATED DOCUMENTATION

- PGC 2.1 Public Information and Accountability
- PGC 12.3 Analysis and Improvement
- SISCAL madri+d Guide. Certification of Internal Quality Assurance Systems. 2018

PROCESS DEVELOPMENT

System review and improvement

1.- Review and approval of Internal Quality Assurance System documents.

The internal quality documents are drawn up jointly by the heads of each department or area and the Academic Quality and Compliance Department following the identification of a need for the drafting/modification of any of these documents. Each procedure is reviewed annually.


All system documents are reviewed by the Academic Quality and Compliance Department team, and approved by the Vice-Rector for Teaching Staff and Research, the Director of the Academic Quality and Compliance Department and the Rector, whose signatures appear on the first page of each document to indicate their conformity.

Review schedule.

The Academic Quality and Compliance Department examines and assesses the circumstances that may make the modification of procedures necessary. The need for the modification of procedures may arise from the analysis of the performance indicators associated with those procedures or with the quality and improvement objectives established within the organisation, or following suggestions made by different stakeholder groups via surveys or the mechanisms defined in the PGC 12.3 Analysis and Improvement.

Depending on the necessary amendments identified, the need to modify the procedures will be assessed, and the departments concerned will be informed by the Quality and Compliance Department so that they can work together on drawing up the procedures.

The content of the modifications may also be suggested or introduced by the Quality and

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Compliance Department. To ensure that the people involved in the procedures are aware of the content of the same, each modification made will be validated in collaboration with the contact person for each of the areas affected by that procedure. In the event that a modification must be introduced directly by the departments affected due to its specificity, it will subsequently be validated by the Academic Quality and Compliance Department.

In the event that the amendments should require the Internal Quality Assurance Manual to be modified, the Academic Quality and Compliance Department will be responsible for collecting the information and making the necessary modifications.

Consolidation of the final text and sign-off

Before approval, the documentation is made available to students so that they can make suggestions if they wish to do so. The same applies to employers and graduates. Students will receive an e-mail informing them that the system documentation is available on the virtual campus. Employers and graduates will be sent the documentation by e-mail. The representatives of each group invited to the Quality Assurance Committee will be asked for their opinion with a view to improving procedures.

In the case of postgraduate programmes, the procedures will also be reviewed by the degree coordinators and by the postgraduate programme directors.

Once the suggestions from the different interest groups have been collected via email, forms or the Quality Assurance Committee, the final text is consolidated and signed off by the Director of the Academic Quality and Compliance Department, the Vice-Rector for Teaching Staff and Research, and the Rector.

The result of the review is sent to the Management Committee and the Academic Council for review and approval, and the key outcomes are made known to the University's educational community.

Circulation and communication to stakeholder groups

Once the appropriate modifications have been made, stakeholder groups are informed of the changes introduced, and the reasons for the amendments made are explained. In these communications, stakeholder groups will be asked to make any suggestions or corrections they consider relevant.


The modifications will be communicated via the Quality Assurance Committee, which brings together representatives from the different university departments and from among the students. This committee will also include any suggestions deemed appropriate.

The procedures will be made available to students, and to teaching and other staff, as well as to graduate representatives and employers.

As described in procedure PGC 2.1 Public Information and Accountability, the signed version of the procedures will be published on:

- The Intranet, in the Quality section.
- The website, in the section provided for this purpose for each degree programme.
- On the virtual campus for teaching staff and students set up for this purpose.
- In the space provided for this purpose on the Sharepoint for each of the faculties/schools.

A corporate e-mail will be sent announcing the updating of the system procedures.

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Internal Audits

To ensure that the SGIC is implemented and managed effectively, in accordance with requirements and commitments acquired, Universidad Europea de Madrid conducts internal audits in the different departments of the University, in line with previously established planning, as set out in PGC 12.3 Analysis and Improvement.

Strengths and opportunities for improvement in the implementation of the SGIC are determined through these internal audits, and the main recommendations can be identified to ensure that the requirements of the regulator are met.

The internal audit encompasses all the procedures that make up the university's SGIC, both at degree programme level and across the university as a whole.

2.- Control of Documentation

The Academic Quality and Compliance Department has custody of the documentation pertaining to the Internal Quality Assurance System, signed both electronically and on paper.

In order to make the organisation aware of SGIC documentary information, the Department publishes a copy of all the internal documentation on the Quality Assurance Department section of the Intranet. This documentation is read-only, and it allows the rest of the organisation to learn about the procedures and instructions applicable to them. The Academic Quality and Compliance Department is responsible for controlling this copy, and ensuring that it is always up to date.

If for any reason it is deemed necessary to keep a copy of documentation that is now obsolete, it will be clearly identified as OBSOLETE DOCUMENTATION in the Academic Quality and Compliance Department's shared folders.


The SGIC is published on the website corresponding to each degree programme in the quality section set up for this purpose, as described in procedure PGC 2.1. Public Information and Accountability.

The Academic Quality and Compliance Department will publish the SGIC in the space provided for this purpose on the Sharepoint for each of the faculties/schools. Here, the minimum information necessary for following each of the procedures will be stored. The vice-deans/directors of undergraduate and postgraduate studies will be responsible for the maintenance and filing of the documentation here.

Recording of changes.

Changes may be made to internal documents, primarily due to:

- Corrective or preventive actions.
- System reviews by the Quality Assurance Committee, or other members of the university.
- Improvements to the system introduced by those responsible for Quality Assurance.
- Modification of the processes or structure of the University and/or current legislation.

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- Other factors that may affect the functioning of the system.

Quality can modify the internal system documents, introducing the corresponding changes and producing a new version. The new version will come into force once it has been reviewed by the Head of the SGIC and approved by the Vice-Rector for Teaching Staff and Research who will sign the first page of the procedure document, where the reason for the modification is also stated. The whole of the document is revised. A new edition is published each time a modification is made.

The changes made are recorded on the first page of each procedure, unless the change is a substantial one that affects the whole of that procedure, in which case it will only be stated that this is an update and adaptation to a new way of working.

The original copies of obsolete editions of documents are archived as OBSOLETE DOCUMENTS in order to keep a historical record of changes made.

In order to keep track of all the records and indicators, there is a master document called 'Control of Records' that contains all the changes made to the procedures. This master document is held by Quality.

Naming, revision and modification of procedures

All procedure names must be in the following format: [PGC (acronym for General Quality Procedure) + number of process to which it belongs + number of procedure within that process + name of the procedure]. The name of the procedure must be representative of the content of that procedure.

All procedures must be given an edition number to avoid problems when drafting them, and this must correlate with the last approved edition.

The signatures of the Director of Quality Assurance, the Vice-Rector for Teaching and Research and the Rector of the University will be required.

The summary of each procedure is modified, as described in the previous section, Recording of Changes.

A specific section has been included in the Records section to record the outputs generated as a result of the development of each procedure in each faculty or school, if any.


A section has been included that allows centres to clarify the specific aspects of a procedure that only apply to that centre or to certain degree programmes run by the centre.

Abbreviations have been eliminated to make the document easier to read.

The indicators will be written as follows:

INDXX-PGCYY, where:

- IND** Letters identifying a system indicator
- XX** Indicator number. This value is correlative for each of the processes.
- PGC** Quality Assurance Procedure.
- YY** These two digits identify the procedure, starting with 01 and following in sequence.

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When there is a Technical Instruction associated with a Procedure, it must be written as follows:

- IT** Letters identifying a Technical Instruction
- XX** Number of the Instruction. This value is correlative for each of the Technical Instructions arising from the same procedure.
- PGC** Quality Assurance Procedure associated with a given Technical Instruction
- YY** These two digits identify the procedure associated with the Technical Instruction.

The Technical Instruction document must be drafted using the same format and structure as the Procedures.

Review and modification of the process map

The process map is the ordered representation of the processes, and shows the interrelationship between them within the University management framework.

Procedures are given a number that will subsequently help to identify to which process each procedure belongs.

Processes are classified as follows:

.- **Strategic Processes:** those linked to the sphere of management responsibilities. These are fundamentally those connected with the planning process.


- Strategy Management
- Public Information

.- **Key Processes:** those directly linked to service delivery, or to the importance of teaching or research development.

- Admission and Recognition of Credits
- Course Management
- Learning
- Research
- Career Guidance

.- **Support processes:** those that support operational processes. This usually refers to processes related to resource management, infrastructures, the management of services that are either directly or indirectly necessary to support teaching activities.

- People
- Student Support
- Resources
- Measurement of Results
- Continuous Improvement

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The process map will be updated whenever there is any modification of processes or procedures by inclusion, elimination, or modification of the name.

SPECIFICS BY CENTRE

School of Architecture, Engineering and Design.

N/A

Faculty of Sports Sciences

N/A

Faculty of Social Sciences and Communication

N/A

Faculty of Biomedical and Health Sciences

N/A

School of Doctoral Studies and Research

N/A

RECORDS(evidence)

RECORDS		
RECORD NAME	CONTROLLER	MEDIUM and LOCATION
System documentation and internal documents in force	Academic Quality and Compliance Department	Share file quality/Q Management/SGIC/Documentation in force; Intranet; web Sharepoint/Faculties File
Control of Records	Academic Quality and Compliance Department	Shared file quality/Q Management/SGIC/Documentation in force
PGC List Records_Indicators	Academic Quality and Compliance Department	Shared file quality/Q Management/SGIC/Documentation in force

INDICATORS


IND01-PGC12.2 Number of procedures modified

RESPONSIBILITIES

Director of the Academic Quality and Compliance Department:

To review internal documents once they have been drawn up and/or modified.

To act as a link between the Academic Council and the Academic Quality and Compliance Department with regard to document management.

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To identify the stakeholder groups to whom the system review should be addressed.

To communicate updates to the system.

Q Partner:

To prepare/modify documents, archive originals, distribute controlled copies and remove obsolete documents.

To identify possible need to produce/modify documents in conjunction with the departments concerned.

To update the lists of internal documents currently in force, lists of applicable regulations, distribution lists for internal documents.

ANNEXES

Annex I = Procedure Template