



International Standards and Guidelines Review of Quality Assurance Agencies (ISG Review) Handbook

INQAAHE

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Foreword

The present Handbook outlines detailed procedural requirements for the INQAAHE external review of quality assurance agencies based on the 2025 Edition of the INQAAHE's *International Standards and Guidelines of Quality Assurance in Higher Education (ISG)*.

It helps quality assurance agencies prepare effectively for ISG Review, ensuring a fair and consistent evaluation, and maximising the value and benefits of their engagement with ISG Review. It sets out the eligibility criteria, the phases of the ISG Review process with indicative timelines, the evaluation methods and criteria applied, and the possible outcomes, including their implications for the use of the ISG Quality Mark and inclusion in the ISG Review Register (ISGRR).

The Handbook is complemented by dedicated guidance documents to assist applying agencies in preparing their Self-Evaluation Document and to support Review Panels in drafting the findings report.

About INQAAHE

INQAAHE, founded in 1991, was the first global network to unite quality assurance agencies with the goal of enhancing quality assurance practices in higher education worldwide. Since its inception, it has established itself as a trusted platform for enhancing the practice of quality assurance and a global umbrella network for quality assurance agencies.

INQAAHE was originally established under the auspices of the Hong Kong Council for Academic Accreditation, which served as its first Secretariat and hosted the network's inaugural conference. Although legally incorporated in New Zealand, INQAAHE's Secretariat has relocated over time in line with its international mission, with host agencies based in the Netherlands and later in Spain. Today, the Secretariat is legally incorporated in Spain, operating as an independent international organization.

The central mission of INQAAHE is to promote and advance excellence in higher education by fostering an active international community of quality assurance agencies. Its core activities include research and innovation in quality assurance, capacity building, setting quality benchmarks for higher education, conducting external evaluations of quality assurance agencies, and supporting the development of regional or specialized quality assurance networks, among others.

With a membership of approximately 350 organizations - including quality assurance agencies and higher education providers - INQAAHE brings extensive expertise in aligning and advancing both external and internal quality assurance systems. Beyond this core function, it provides valuable insights into international best practices and actively engages with a broad spectrum of regional and subject-specific networks. Through strategic collaborations with global partners such as UNESCO, regional quality assurance networks, and university associations, INQAAHE contributes to a wide range of initiatives aimed at strengthening quality assurance worldwide. These efforts support continuous improvement across the higher education sector and promote a shared commitment to excellence in higher education.

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About International Standards and Guidelines Review (ISG Review)

1. The International Standards and Guidelines Review of Quality Assurance Agencies (**ISG Review**) enables quality assurance agencies worldwide to benchmark their practices against international standards. This process supports continuous improvement, enhances the credibility of their activities, and provides assurance to the global community that they meet international expectations in conducting external quality assurance of higher education providers.
2. Continuous improvement and reassurance are achieved through a rigorous, independent peer-review of a quality assurance agency's policies and practices for assuring the quality of higher education against the INQAAHE's International Standards and Guidelines for the Quality Assurance of Higher Education (**ISG**). Developed in consultation with the global higher education quality assurance community, the ISG reflect the diversity of higher education provision and quality assurance approaches worldwide.
3. Through ISG Review, INQAAHE aims to:
 - **Foster continuous improvement:** by enhancing quality assurance agencies' capacity to conduct effective, efficient, and fit-for-purpose quality assurance and respond to changes in the higher education landscape.
 - **Support international recognition:** by fostering accountability and trust in the operations of quality assurance agencies, thereby supporting the global recognition of the higher education provision under their purview.
 - **Protect against low-quality higher education:** by safeguarding higher education systems from substandard or bogus higher education providers that might rely on equally unreliable or illegitimate quality assurance or accreditation agencies.
 - **Encourage the diversity of higher education:** by utilizing a standards framework applying to diverse models of higher education and diverse approaches to quality assurance.
4. A successful ISG Review entitles reviewed quality assurance agencies to use the **ISG Quality Mark**, and to be included in the **ISG Review Register (ISGRR)** of successfully reviewed quality assurance agencies.

5. A key purpose of ISG Review is to provide an independent and reliable foundation that, in alignment with UNESCO's [Global Convention on the Recognition of Qualifications concerning Higher Education](#), can foster international trust in external quality assurance activity and ultimately support the global recognition of quality assured higher education provision.
6. By adopting an inclusive standards framework that accommodates different models of education and quality assurance, the ISG Review also aims to support the expansion of flexible learning pathways, advancing inclusive and equitable quality education, and promoting lifelong learning opportunities for all.
7. ISG Review is underpinned by continuous engagement with diverse international stakeholders, including quality assurance agencies and networks, higher education providers and associations, and the qualifications recognition community. This collaboration fosters the cooperation needed to build an international higher education area based on a shared understanding of quality and its assurance.

Value of ISG Review for key stakeholders	
Governments	Enhancing trust in the operations and credibility of quality assurance agencies at both national and international levels.
Quality Assurance Agencies	- Promoting continuous improvement in quality assurance practices. - Enhancing global credibility and recognition of quality assurance outcomes. - Facilitating cooperation and mutual learning among quality assurance agencies.
Students	Building trust in higher education providers that have undergone quality assurance.
Higher Education Providers	- Strengthening confidence in the quality assurance agencies with whom they engage. - Enhancing trust in international higher education providers.
Qualification Recognition Bodies	Facilitating the global recognition of international qualifications.

Employers	Enhancing trust in international qualifications and graduate competencies.
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ISG Fundamental Principles

Peer-Review

- ISG Review evaluations are conducted by peer review teams of international quality assurance experts who bring diverse perspectives on global best practice. All reviewers receive INQAAHE training on the ISG Review scheme.

Evidence Based

- ISG Review findings are based solely on evidence provided by the agency under review and gathered by the review team through stakeholder meetings. This ensures the fairness and objectivity of the process.

Principles Based

- ISG Review recognizes the diversity of international external quality assurance practices and the different regulatory and cultural contexts in which agencies operate. The ISG therefore outline broad principles and expectations, rather than strict prescriptive requirements, allowing agencies flexibility in how they comply.

Fit for Purpose

- ISG Review applies to all international quality assurance activities, covering different types of higher education provision and quality assurance systems with varied functions, including both regulatory and enhancement functions.

Enhancement Oriented

- The primary purpose of ISG Review is to enhance external quality assurance practice internationally by enabling agencies to benchmark against global best practice. It does not serve a regulatory function.

Transparency

- Following best practice in external quality assurance, ISG Review is committed to transparency, making clearly and publicly available its underpinning standards and processes, its overarching principles, and the findings of its review exercises. This is key to ensuring fairness and public confidence in its findings.

The ISG Review Process

14. The ISG Review process follows the main stages illustrated in the process flow diagram below. Each stage is clearly explained in this Handbook



I. Application

15. Eligible quality assurance agencies wishing to undergo ISG Review should request an **Application Form** from the INQAAHE Secretariat to express an interest and demonstrate their eligibility. The Application Form can also be downloaded from the INQAAHE ISG Review website.

Eligibility criteria

16. To be considered **eligible** to undergo ISG Review, a quality assurance agency must:
- be legally incorporated.
 - have at least two years of experience conducting external reviews of higher education providers or their programs.
 - hold full membership with INQAAHE, or membership in a recognized regional network of quality assurance agencies.

Non-eligible agencies might request INQAAHE to conduct an external review against the ISG for purely enhancement purposes. This will **not** entitle them to use the ISG Quality Mark, or to be included in the ISGRR.

Defining the scope of ISG Review

17. As part of the application, quality assurance agencies should provide a brief overview of their quality assurance activities. This information will help INQAAHE

define the scope of the ISG Review exercise and determine the composition of the ISG Review panel, ensuring the necessary expertise is represented.

18. At the application stage, quality assurance agencies should also indicate whether they wish to pursue one of the two alternative routes to ISG certification: **Recognition of Prior Review** or **Joint Review**.
19. These routes are designed to minimise the burden on quality assurance agencies that have already undergone, or plan to undergo, an external review by a regional quality assurance network. Depending on the circumstances, this may involve recognising automatically a prior review without requiring a separate ISG Review, limiting the scope of the ISG Review to uncovered standards, or conducting a joint review with the regional network through a single panel. Further details on these alternative pathways to ISG certification are provided in **Sections X** and **XI**, respectively.

Decision to proceed

20. Upon receiving an application, the INQAAHE Secretariat informs the **ISG Recognition Committee** (Recognition Committee), which, within 5 working days¹, will decide whether the applying quality assurance agency is eligible for ISG Review and, if applicable, for Recognition of Prior Review or Joint Review.
21. The Recognition Committee is a standing committee of the INQAAHE Board (see Appendix I) established to:
 - ensure the effective evaluation of whether quality assurance agencies meet INQAAHE's ISG, and
 - support the continuous improvement of the ISG and the ISG Review scheme, which includes the ISG Review Handbook.

II. Preliminary arrangements

22. Once an application for ISG Review has been approved, the quality assurance agency and INQAAHE will sign a **contract** stipulating rights and obligations of each party, including the payment of the ISG Review fee and the overall review schedule.

¹ Throughout this document, 'working days' refers to the official working days of the party responsible for the action, whether INQAAHE (as in this case) or the quality assurance agency undergoing ISG Review.

23. The ISG Review is deemed to formally commence upon the signing of the contract. The contract is expected to be signed by both parties within 10 working days of the Recognition Committee's approval to proceed with the review. The applying agency should notify the INQAAHE Secretariat if a more flexible timeline for signing the contract is required.

Communication lines

24. Within 5 working days of the contract's signing, INQAAHE and the quality assurance agency will establish and agree upon the official lines of communication.
25. INQAAHE will appoint an **ISG Review Manager** (Review Manager), who will serve as the primary point of contact for all matters regarding the ISG Review process. The quality assurance agency, in turn, will designate a single representative – referred to in this Handbook as the **Agency Coordinator** – to liaise with the Review Manager throughout the process.

Initial briefing

26. As a first step, the Review Manager, in coordination with the Agency Coordinator, will organize an **initial briefing** meeting with key quality assurance agency staff involved in the review preparation. The purpose of this meeting is to outline each stage of the ISG Review process and provide an opportunity for the quality assurance agency to raise any questions they might have about the process.
27. A key focus of the briefing meeting will be the Self-Evaluation Document, which the quality assurance agency must prepare to initiate and inform the review process. The meeting will also establish a timeline for submitting the Self-Evaluation Document and the review visit.
28. The initial briefing will typically be held within 10 working days of the formal commencement of the ISG Review, or as soon thereafter as possible, depending on the availability of key staff at the quality assurance agency under review.

Establishing the Review Panel

29. ISG Review is a peer-review process conducted by a **Review Panel** composed of three international experts in quality assurance. Experts are selected by the Review Manager, in consultation with the ISG Recognition Committee, from INQAAHE's pool of experts with current or recent experience in external quality assurance, either as peer reviewers of quality assurance agencies or as quality assurance

agencies' officers with responsibility for managing and conducting external reviews.

30. The composition of each ISG Review Panel is tailored to the specific needs of the review. It considers the type of quality assurance agency under review, its geographical context, and the scope of its quality assurance activities, ensuring that the panel's collective expertise aligns with the demands of each particular review.
31. Once the ISG Recognition Committee approves the selection of experts for a Review Panel, the proposed composition is shared with the quality assurance agency under review to verify the absence of any conflicts of interest. The agency has five working days to confirm this. In addition, all ISG reviewers must sign a declaration confirming that no conflict of interest exists with the agency under review.
32. Among the three international experts, one is appointed as **Chair** of the Review Panel and another as **Secretary**.
33. Appendix II sets out the competencies required to be included in the pool of experts for ISG Review, the appointment process, and the roles and responsibilities of the reviewers, the Chair, the Secretary, and the Review Manager.
34. The ISG Review Panel will typically be appointed no later than 20 working days prior to the scheduled submission date of the Self-Evaluation Document. This is to ensure that the Review Panel can meet with the Review Manager to receive a full briefing on the review exercise and be prepared to undertake the desk-based review of the self-evaluation documentation without delay.

III. Self-Evaluation

35. Self-evaluation requires quality assurance agencies to demonstrate how they meet the standards and minimum expectations outlined in the ISG. This involves completing a structured **Self-Evaluation Document (SED)** that includes a reflective assessment against each ISG standard, supported by relevant evidence.
36. The SED and its accompanying documentation are essential for helping the Review Panel understand the quality assurance agency's operations and how each standard is addressed. It is on the basis of this submitted material that the Review Panel identifies key lines of inquiry to pursue during the review visit. Therefore, it is

critical that the SED is clearly written, comprehensive, and offers an honest reflection of the quality assurance agency's activities and practices.

37. It is the quality assurance agency's responsibility to submit all necessary evidence in support of the SED. The Review Panel is not expected to search for missing documentation, though it may request additional materials following the desk-based review, if needed.
38. Appendix III provides guidance on preparing and submitting the SED with the supporting evidence. An SED template, together with examples of evidence that a quality assurance agency may submit to demonstrate compliance with each ISG standard, will also be shared with the agency at the outset of the review process. The list of possible evidence is provided for guidance only. Agencies are free to submit any documentation they consider appropriate to demonstrate compliance.
39. The completed SED must be **written in English** and **submitted electronically**, as per the received instructions, by the deadline agreed during the initial briefing meeting, and no later than six months from the signing of the ISG Review contract. If additional time is needed, the quality assurance agency should inform the INQAAHE Secretariat without delay so that the overall review timeline can be adjusted, and the Review Panel informed.

IV. Desk-based analysis

40. Once the SED and supporting evidence are received, the Review Panel begins a desk-based analysis to start assessing the extent of compliance with the ISG and **identify key lines of inquiry** for the forthcoming review visit. This desk-based analysis will be completed within 30 working days from the date on which the SED is submitted.
41. During this stage, the Review Panel might identify gaps or areas where further clarification is needed, and, through the Review Manager, request additional information or evidence from the quality assurance agency as needed.

V. Review visit

42. The Review Panel will normally conduct a review visit between two to three months after the submission of the SED. Provisional dates for the visit are typically

identified during the initial engagement phase. These dates are confirmed following the completion of the desk-based analysis.

43. Review visits include meetings with a wide range of stakeholders from the quality assurance agency under review. The purpose of these meetings is to triangulate evidence and **validate the quality assurance agency's self-evaluation**, focusing on the key lines of inquiry identified during the desk-based analysis of the SED and its supporting documentation.
44. The Review Panel will typically meet with the quality assurance agency's senior executives, governing body members, staff from various departments, peer reviewers, and representatives of higher education providers reviewed by the agency. Where relevant, the Panel may also meet external stakeholders such as government, sector bodies, students, and employers.
45. In line with INQAAHE's commitment to minimizing the resource burden on quality assurance agencies, **review visits might be conducted in a hybrid mode**, with a regionally based reviewer attending in person while the remainder of the review team participates remotely. Agencies with a proven track record of reviews by INQAAHE or by regional networks that INQAAHE uses for Recognition of Prior Review (see Section X) may also opt for a **fully online** review visit. Experience has shown that, when supported by robust protocols, virtual review meetings maintain the same rigor and integrity as in-person engagements (See Appendix IV for a Protocol for online review meetings).
46. In addition to reducing costs and eliminating the need for international travel, hybrid and online visits support a more environmentally sustainable review process. They further allow the involvement of a broader range of international experts in ISG Review Panel and of quality assurance agencies' stakeholders in the review meetings.
47. If an agency prefers the review meetings to be conducted in person, an on-site review visit can be arranged. In such cases, all travel, accommodation, and subsistence costs incurred by the review panel will be borne by the agency. The agency should indicate its preference for either an in-person or online review visit at the application stage. Early clarification is important to ensure that suitable reviewers are appointed and to minimise costs for the agency wherever possible.
48. In-person review visits will normally last no more than three days. Hybrid and online review visits might span three to five working days, depending on the time

zone differences between the quality assurance agency and the Review Panel members, which may affect the number of meetings that can be scheduled in a day.

49. The Review Manager and the Agency Coordinator will jointly finalize the review visit schedule. The Review Panel will communicate its stakeholder meeting requests through the Review Manager. The Agency Coordinator will be responsible for arranging the participation of the requested stakeholders. The final schedule will normally be confirmed no later than 10 working days before the review visit.

VI. Review outcomes

50. No later than 20 working days after the review visit, the Review Panel prepares a **findings report** assessing the extent to which confidence can be placed in the quality assurance agency's ability to meet the standards of good practice set out in the ISG.
51. For each ISG standard, the report will indicate whether the quality assurance agency is **fully**, **substantially**, **partially**, or **not compliant**. It will also include **commendations** (areas of good practice), as well as **recommendations** (necessary actions to meet minimum requirements) and **suggestions** (improvement opportunities).
52. The Review Panel will assess the extent of compliance with each ISG standard by using the minimum requirements as guiding criteria and applying a holistic judgment. Compliance with each standard will be classified as follows:
- **Full compliance:** all minimum requirements are met.
 - **Substantial compliance:** most requirements or most aspects of all requirements are met.
 - **Partial compliance:** a minority of requirements or aspects of requirements are met.
 - **No compliance:** none of the requirements are met.
53. Based on the overall findings, the Review Panel will make a formal recommendation to the Recognition Committee, proposing one of the following outcomes for the review:
- **ISG compliant**
 - **ISG compliant with conditions**

- **Not compliant**

54. The draft findings report will be submitted to the Recognition Committee, which will have 10 working days to review it. The Recognition Committee will assess whether the report meets expectations and is consistent with the findings of other reviews. It may request clarifications or modifications from the Review Panel, which will have 5 working days to respond.
55. Once the Review Panel has addressed any eventual Recognition Committee's feedback, the revised draft findings report will be shared with the quality assurance agency. The agency will have 10 working days to review the report and highlight any factual inaccuracies. This will also be the agency's final opportunity to submit any additional evidence not previously provided, which could influence the Review Panel's decision. This must be pre-existing evidence; no new documentation developed in response to the draft report findings will be accepted.
56. The Review Panel will then have five working days to consider and respond to these comments, finalising the report and its outcomes. If the agency submits additional documentation in response to the draft report findings, the Review Panel will have 10 working days to finalize the report and its outcomes.
57. The finalised findings report will be submitted to the Recognition Committee, which, under delegated authority from the INQAAHE Board (see Appendix I), will make the final decision and confirm the outcome of the ISG Review within five to 10 working days of receiving the Panel's recommendation, taking into account any eventual substantial changes made to the report following the agency's factual accuracy check.
58. The formal outcome will then be communicated to the quality assurance agency by the Chair of the Recognition Committee. At this stage, the quality assurance agency may appeal the outcome (see Section VII).

ISG compliance

59. ISG compliance may be granted in two distinct forms:

- **Full compliance**
- **Substantial compliance**

Full compliance:

60. To be considered **fully compliant** with the ISG, a quality assurance agency must be assessed as fully compliant with all standards.

Substantial compliance:

61. To be considered **substantially compliant** with the ISG, a quality assurance agency must be assessed as not fully compliant with at least one standard, not be non-compliant with any standard, and be substantially compliant with more than 50 per cent of the standards.

62. Once the Recognition Committee confirms the review findings, ISG compliant quality assurance agencies (either fully and substantially compliant) are granted the right to use the **ISG Quality Mark** and are officially listed in the **ISG Recognised Register (ISGRR)**. Detailed guidance on the appropriate use of the Quality Mark will be provided. The findings report of quality assurance agencies that achieve successful review outcomes will be published on the INQAAHE website.

63. ISG Review outcomes are valid for **five years**. To retain the right to use the ISG Quality Mark and remain listed in the ISGRR beyond this period, quality assurance agencies must undergo a new ISG Review.

Conditional ISG compliance

64. Conditional compliance may be granted in two distinct forms:

- **Compliance for a Limited Validity Period**
- **Compliance Contingent on Meeting Specific Conditions**

Compliance for a limited validity period:

65. Quality assurance agencies that are partially compliant with more than 50 per cent of the ISG standards, but not assessed as non-compliant with any standard, may be granted compliance for a **limited validity period of 2 years**, subject to confirmation by the Recognition Committee, if the Review Panel believes that the quality assurance agency is likely to reduce its partial compliance to below 50 per cent of the ISG standards within that period.

66. To maintain the ISG Quality Mark and listing in the ISGRR beyond this period, the quality assurance agencies must demonstrate, by the end of the 2 years, that it has fulfilled the specific conditions set by the Review Panel.

67. The Recognition Committee will directly assess whether the specified conditions have been met. If satisfied, the quality assurance agency will be allowed to continue using the ISG Quality Mark and will remain listed in the ISGRR for **an additional 3 years**. At the end of this extension, the quality assurance agency must undergo a new ISG Review.
68. If the Recognition Committee determines that the conditions have not been met, the quality assurance agency will be removed from the ISGRR and will no longer be permitted to use the ISG Quality Mark. The quality assurance agency may submit a new ISG Review application once it believes it has addressed the recommendations in the findings report and can demonstrate compliance with the ISG.

Compliance contingent on meeting specific conditions

69. Quality assurance agencies assessed as non-compliant with no more than two standards may, upon confirmation by the Recognition Committee, be granted a **one-year period to meet the specific conditions** set by the Review Panel, without needing to reapply for a new ISG Review. This is conditional on the Review Panel's assessment that the quality assurance agency is likely to reach at least partial compliance with the currently non-compliant standard, and be at least substantially compliant with more than 50 per cent of the ISG standards, within that period.
70. After the specified period, the Recognition Committee will assess whether the conditions imposed on the agency have been met. If satisfied, the quality assurance agency will be recognised as substantially or fully compliant (as applicable) and granted the right to use the ISG Quality Mark and be listed in the ISGRR for a full five-year period, after which a new ISG Review will be required.
71. This findings report will only be published, with necessary adjustments, once the quality assurance agency has demonstrated compliance with the set conditions by the specified deadline. Until that time, the report will remain confidential.
72. If the Recognition Committee determines that, after the specified deadline, the conditions have not been met, the quality assurance agency will be assessed as non-compliant. Quality assurance agencies assessed as non-compliant may reapply for an ISG Review no earlier than two years from the date of the Recognition Committee's decision. A new application should only be made once the quality assurance agency has addressed the recommendations in the findings report and can demonstrate compliance with the ISG.

Non compliance

73. Quality assurance agencies that are found non-compliant with more than two ISG standards, or with up to two where the Review Panel considers the agency will not be able to achieve at least partial compliance within a maximum period of one year, will be deemed **non-compliant** upon confirmation by the Recognition Committee. These quality assurance agencies will not be granted the right to use the ISG Quality Mark and will not be listed in the ISGRR.
74. Unsuccessful ISG Reviews will be treated as confidential enhancement exercises, and their findings report will not be published.²
75. Quality assurance agencies assessed as non-compliant may reapply for an ISG Review no earlier than two years from the date of the Recognition Committee's decision. A new application should only be made once the quality assurance agency has addressed the recommendations in the findings report and can demonstrate compliance with the ISG.

Review outcomes criteria

76. The table below sums up the criteria informing the ISG Review findings outcomes:

Full compliance	• Full compliance with all standards.
Substantial compliance	• No full compliance with at least one standard • No non-compliance with any standard. • Substantial compliance with more than 50 per cent of the standards.
Compliance for a limited validity period	• No non-compliance with any standard. • Partial compliance with more than 50 per cent of the ISG standards, with the Review Panel deeming the quality assurance agency likely to reduce its partial compliance to below 50 per cent of the ISG standards within 2 years.
Compliance contingent on meeting specific conditions	• Non-compliance with no more than two standards, with the Review Panel deeming the quality assurance agency likely to reach at least

² Note: If an ISG Review identifies aspects of a quality assurance agency's operations that raise serious ethical concerns, such as fraudulent activity, INQAAHE reserves the right to report these concerns to relevant stakeholders, including any regional networks of which the agency is a member. In cases where the agency is an INQAAHE member, INQAAHE also reserves the right to suspend its membership.

	partial compliance with the non-compliant standards, and substantially compliance with more than 50 per cent of the ISG standards within one year.
No-compliance	• No compliance with more than two ISG standards. • Or no compliance with up to two ISG standards, with the Review Panel not deeming the quality assurance agency able to achieve at least partial compliance with those standards and substantially compliance with more than 50 per cent of the ISG standards within one year.

VII. Appeals

Lodging an appeal

77. Quality assurance agencies intending to appeal must submit an **Appeal Submission Form** within 10 working days of receiving formal communication of the outcome of the ISG Review. Appeals submitted after this period will not be considered, and the ISG Review findings will be deemed final.

Grounds for appeal

78. An appeal may be submitted exclusively on grounds of **procedural irregularity**. This is where the ISG Review process may not have adhered to the procedures set out in this handbook, potentially affecting the validity of the final decision.

79. An appeal fee of **USD 750** is required to initiate the process. This fee will be refunded if the Appeal Committee upholds the appeal.

Appeal Committee

80. The appeal will be reviewed by the **ISG Review Appeal Committee**, an independent body consisting of:

- Two ISG Reviewers who have not been involved in the original review.
- One INQAHE Board member who is not part of the Recognition Committee.

81. The names of the Appeal Committee members will be shared with the quality assurance agency within 5 working days of having received the Appeal Submission

Form. The agency will have 5 working days to confirm the absence of any conflict of interest. Once confirmed, the Appeal Committee is formally established, and the review of the appeal begins.

Outcome and timeline

82. Once the Appeal Committee has reached its decision, it will submit the outcome to the INQAAHE Board for final review and approval.
83. If the **appeal is rejected**, the original ISG Review decision will stand as final.
84. If the **appeal is upheld**, the Recognition Committee will appoint a **new Review Panel** to carry out a fresh ISG Review. The quality assurance agency will not be responsible for the costs associated with this new review.
85. The appeal process will typically be completed within 20 working days of the Committee's establishment.

VIII. Mid-term follow-up

86. Two and a half years after a successful ISG Review, quality assurance agencies must submit a **mid-term follow-up report** detailing how they have addressed the recommendations and suggestions from the findings report. The Recognition Committee reviews this report and may request additional information or offer guidance on areas needing further attention.
87. Submission of the mid-term follow-up report is mandatory to maintain listing in the ISGRR. Quality assurance agencies that fail to submit the report will be suspended from the ISGRR until they provide the required report. If the agency does not submit the required mid-term report before the end of the original five-year validity period, it must undergo a new ISG Review to remain listed in the ISGRR.
88. As the five-year validity period of the ISG Review outcome nears its end, quality assurance agencies are invited to reapply for renewal or may initiate the renewal process by submitting a request to INQAAHE.
89. Additionally, quality assurance agencies listed in the ISGRR are expected to promptly report any **substantive operational changes** that may impact their compliance with the ISG to the Recognition Committee. Notification of substantive changes should be submitted within 30 days of the changes taking effect. The

Committee will then decide whether further information is needed or if an earlier ISG Review should be conducted.

IX. Recognition of Prior Review

90. INQAAHE is committed to avoiding unnecessary burden for quality assurance agencies and is also committed to cooperation with regional quality assurance networks. For this reason, where quality assurance agencies have already undergone external review by a regional network with which INQAAHE has established a recognition agreement, INQAAHE allows them to use this as evidence of compliance with ISG through a process of **Recognition of Prior Review**. This process is intended to **fast-track** the ISG Review process in different ways, either by avoiding the need to undergo an ISG review altogether, or by reducing the scope or avoiding the need for a review visit, depending on the different considerations.
91. Where INQAAHE determines that a regional network's external review provides sufficient assurance that a successfully reviewed quality assurance agency is also in compliance with the ISG, the agency may obtain ISG certification directly, without the need for a separate ISG Review. This will be based on a mapping of the ISG standards against those used in the regional network's external review, together with an assessment of the robustness of the regional network's external review process.
92. Where a regional network's standards framework does not fully correspond with the ISG, but INQAAHE determines that its external review provides sufficient assurance of compliance with the corresponding ISG standards, the ISG review will be limited to those ISG standards not covered by the regional network. In these cases, the quality assurance agency will be required to submit a SED addressing only those standards within the scope of the ISG Review, and a Review Panel will be established to conduct this focused review in line with the standard ISG Review process.
93. Following its review of the SED and supporting evidence, the Review Panel may determine that compliance with the ISG standards in scope can be demonstrated through documentation alone, thereby waiving the need for a review visit. In such cases, the Review Panel will submit a recommendation to the Recognition Committee on whether a review visit is required within 20 working days of the SED

submission. The quality assurance agency will be notified of the decision made by the Recognition Committee within 30 working days from the SED submission date.

94. In both scenarios – direct ISG certification or an ISG Review limited to standards not covered by the regional review – the validity of the ISG certification shall not exceed the validity of the prior regional review recognized for ISG Review purposes, and in no case shall it exceed the maximum ISG Review validity period of five years. Upon expiry, agencies wishing to retain ISG certification must either submit a new application for Recognition of Prior Review, based on a subsequent regional review, or apply directly for a full ISG Review.
95. Similarly, in both cases, the level of compliance with the ISG, whether full or substantial, will be determined by the degree of compliance demonstrated against the regional network's standards.
96. Agencies that have made use of the Recognition of Prior Review must immediately notify INQAAHE of any change in their recognition status with the relevant regional network. In such cases, INQAAHE reserves the right to suspend or withdraw ISG certification, or to require a full ISG Review if the agency wishes to retain the ISG Quality Mark and remain listed in the ISGRR.
97. Quality assurance agencies wishing to avail themselves of the Recognition of Prior Review route need to indicate this at the application stage.
98. INQAAHE will publish on the ISG Review webpage all those reviews undertaken by regional networks which it recognises for the purpose of Recognition of Prior Review.

X. Joint Review

99. As part of its commitment to reducing the burden on quality assurance agencies seeking ISG Review, INQAAHE is open to considering requests for conducting a **Joint Review** in collaboration with other regional networks. Joint reviews have the benefit of speeding up the ISG Review process by avoiding the need to wait for the outcome of the review conducted by the regional network before applying for ISG Review through the Recognition of Prior Review route.
100. Joint reviews are designed to lessen the burden on quality assurance agencies by establishing a **single review panel** that conducts both review processes within one

coordinated exercise. Typically, a joint review panel is established to evaluate the applying agency's self-evaluation and supporting evidence against both sets of standards. The panel then prepares two distinct reports, each feeding into the respective decision-making processes.

101. All stages of the ISG Review process generally apply to joint reviews; however, specific procedural arrangements and financial terms will need to be defined on a case-by-case basis, in consultation with the quality assurance agency and the partnering regional network.
102. Quality assurance agencies wishing to avail themselves of the Joint Review route need to indicate this at the application stage.

XI. ISG Review timeline at a glance

Stage	Timeframe
Application for ISG Review	Day 0
Decision to proceed	Within 5 working days of application
Contract signed (formal commencement)	Within 10 working days of the decision to proceed
Lines of communication between INQAAHE and the reviewed quality assurance agency established	Within 5 working days after formal commencement
Initial briefing with the quality assurance agency	Within 10 working days after formal commencement
Quality assurance agency clears conflict of interest of the proposed Review Panel composition, and the Appeal Committee is formally established	Within 5 working days of having received notification of the proposed Review Panel composition
Review Panel appointed	No later than 20 working days before SED submission
Self-Evaluation Document (SED) submission	Within 6 months of formal commencement
Desk-based analysis of the SED	Within 30 working days of SED submission

Stage	Timeframe
Desk-based analysis for SEDs submitted as part of Recognition of Prior Review, and recommendation to the Recognition Committee about whether a focused review visit is required.	Within 20 working days of SED submission
Decision on whether a focused review visit is required for Recognition of Prior Review	Within 30 working days of SED submission
Review visit schedule confirmed	10 working days before the visit
Review visit	Within 2 to 3 months of SED submission
Draft findings report shared with the Recognition Committee	20 working days after the review visit
First review by the Recognition Committee	10 working days
Response by the Review Panel to the Recognition Committee feedback and revised findings report shared with the quality assurance agency for a factual accuracy check	5 working days
Factual accuracy check by the quality assurance agency	10 working days
Finalization of findings report by part of the Review Panel	5 to 10 working days after factual accuracy check
Recognition Committee decision	Within 5 to 10 working days of receiving the finalized report
Appeal Submission Form submitted by the quality assurance agency (if applicable)	Within 10 working days of final decision being communicated
ISG Review Appeal Committee members shared with the agency to clear conflict of interest	Within 5 working days of receiving an Appeal Submission Form.
Agency clears ISG Review Appeal Committee membership from conflicts of interest	Within 5 working days of having received notification
Appeal process completed	Within 20 working days of having formally established the ISG Review Appeal Committee
Mid-term follow-up	2.5 years after recognition
ISG Review renewal	5 years after recognition

XII. Confidentiality and disclosure of information

103. All information provided by quality assurance agencies during the ISG Review process will be treated as confidential and used solely for the purposes of the review. It will not be disclosed to any third party.
104. Meetings conducted during the review visit will be held in confidence. Review reports will not attribute specific views to any individual participants, nor will they identify individuals by name.
105. In the event of an unsuccessful ISG Review, the process will be regarded as a confidential enhancement exercise, and the findings will not be made public.

Appendix I: Recognition Committee Terms of Reference

Introduction

In line with its Strategic Plan, INQAAHE is committed to positioning the ISG review scheme by 2027 as a trusted mechanism that fosters international confidence in the operations of quality assurance agencies worldwide and, ultimately, in the higher education providers and systems they oversee. The strategic goal is for the ISG Review scheme and its Register of successfully reviewed quality assurance agencies to be recognized as a vital component of the global international education ecosystem, contributing to the development of an International Higher Education Area, underpinned by the UNESCO Global Recognition Convention. To fulfill this role, it is anticipated that the ISG Review scheme and Register will need to be overseen by an independent body, as envisioned in the INQAAHE Strategic Plan, and referred to as the Global Recognition Council. involving a diverse range of stakeholders.

This document outlines the Terms of Reference (ToRs) for this new transitional ISG Review Committee, which aims to support INQAAHE in laying the foundation for an internationally trusted and endorsed review scheme for quality assurance agencies, as decided by the INQAAHE Board at its meeting on March 26, 2025.

The International Standards and Guidelines (ISG) Review Committee (the Committee) is a standing committee of the INQAAHE Board (the Board) established according to the INQAAHE Constitution (art 44).

The ToRs for this transitional ISG Review Committee are structured to function, with appropriate revisions, as a potential blueprint for a future independent body. At the same time, they ensure continuity in ISG review activities should the process of securing the necessary endorsements and recommendations for establishing an independent body take longer than anticipated.

Building on the work of the former Recognition Committee, this new committee will oversee the review of the ISG review scheme, including its standards and procedures, while ensuring continuity in ongoing ISG review activities. The ISG Review Committee will also incorporate external expertise by involving non-INQAAHE Board members, thereby starting to introduce an element of independence into its decision-making.

Composition of the Committee

The Committee normally comprises: 9 members, of which 4 are Board Directors and the remaining 5 members are Independent Members selected from an open call for expressions of interest, according to the Selection Criteria set out in Appendix 1. The Committee comprises no less than 6 members.

- The size and composition of the Committee might occasionally vary when members resign, or their terms come to an end.
- As this is intended to serve as a transitional Committee the size and composition of the eventual future independent body replacing this Committee may differ from the structure proposed in these ToRs.

All Committee members are approved by the Board.

Board Directors serving on that Committee are appointed through a collegial decision of the INQAAHE Board, resorting through an election process if there are more than four candidates. As a transition measure, when the Committee is established, the 4 Board Directors will be elected first.

Independent Members are recommended to the Board, based on the open call for expressions of interest, by the Board Directors serving on the ISG Review Committee according to the Selection Criteria in Appendix 1.

The Chair is a Board Director approved by the Board and nominated by the President of INQAAHE.

One of the other three Board Directors may serve as vice-Chair if the Chair is unable to attend a committee meeting.

The INQAAHE CEO is an ex officio member without voting rights.

The Committee will begin its operations with the election of the Board Directors members.

Membership of the Committee is voluntary, and members will not receive financial compensation for their contributions.

Function and Responsibilities

Membership of the Committee is voluntary, and members will not receive financial compensation for their contributions.

The Committee is established to:

- Ensure the effective evaluation of whether quality assurance agencies meet INQAAHE's ISG.
- Support the continuous improvement of the ISG and the ISG review scheme, which includes the ISG procedures manual.

The Committee has the Board's delegated authority to decide whether quality assurance agencies meet the expectations set out in the ISG. The delegation of authority from the Board entails the Committee holding the power to make decisions about the findings of ISG reviews. Notwithstanding the Committee's role, ultimate legal authority resides with the Board, which may render an alternative decision should it find the Committee's actions to contravene the Constitution, or the principles upheld by INQAAHE.

The Committee makes its decisions on whether a quality assurance agency meets the ISG:

- either based on ISG review reports prepared by independent ISG review teams after an ISG review visit according to the ISG procedures manual.
- or through the recognition of the outcomes of other external reviews as formalized in the ISG procedures manual.

The quorum is the following: there must be at least half of the Committee members with voting rights for a meeting to go ahead. If this is not the case, the members at the meeting may agree to recommend decisions to all members of the Committee, who will be asked to vote on each item by email within 5 working days of the date of the meeting. If a majority of members do not agree to this, the meeting will be postponed.

The Committee is furthermore responsible for reviewing INQAAHE's ISG, the ISG Review, and the ISG procedures manual on a regular basis to ensure that they remain fit for purpose, effective, and efficient in demonstrating that quality assurance agencies meet international good practice in external quality assurance.

The Committee's role in the regular review and enhancement of the ISG, the ISG review procedures, and the ISG procedures manual is advisory:

- The Committee can make recommendations to the Board if it feels it is appropriate to make changes to the review standards or the procedures, however, the ultimate decision about any such changes rests with the INQAAHE Board, following consultation with the INQAAHE membership or stakeholders according to process further indicated in the ISG procedures manual.
- In reviewing the ISG and the ISG procedures manual, the Committee must take into due consideration the regular feedback from ISG reviewers and ISG reviewed agencies.

The Committee is responsible for the appointment of the ISG review teams, based on the recommendations from the ISG review management team, which is composed of the INQAAHE CEO, Secretariat, and review coordinators, as per the ISG procedures manual.

The delegation of authority entails that the Committee has operational autonomy. The Committee self-assesses its own performance and ways of working at least once every two years and review these ToRs accordingly. Any review of these ToRs requires final approval by the Board. The frequency of reviews does not prevent the ToRs from being revised at any point after the Committee is formed, especially if needed to establish a new independent body for overseeing the ISG review scheme.

The Committee does not have the authority to consider appeals lodged by quality assurance agencies having undergone an ISG review. Appeals will be considered by an ISG Appeal Committee.

Membership of the Committee is voluntary, and members will not receive financial compensation for their contributions.

Communication and reporting

The Committee reports on their activities:

- To the Board, as applicable and,
- To the INQAAHE membership, through contributions to the network Newsletter the Quarterly communiqué, and the annual report.

Working methods

The Committee meets as needed based on ISG review activity.

The Chair of the Committee works with the INQAAHE Secretariat and CEO to establish effective agendas for meetings and ensure that all required information and documentation are distributed to Committee members at least 10 working days before each meeting.

Decisions will be made by a majority vote of the Committee, with no distinction between Independent Members and Board Directors. The majority is achieved when at least half of the Committee's voting members plus one participates in the decision-making process. In the event of a tie, the Chair will exercise the casting vote.

If any members of the Committee have any direct interest in a review exercise under consideration or an item on the agenda, they must declare it and they cannot take part in any discussion about that item.

The INQAAHE Secretariat provides secretarial support to ISG reviews and the work of the Committee.

Appendix II: The Review Panel

Each ISG Review Panel consists of three international experts selected by the ISG Review Committee from INQAAHE's pool of trained ISG reviewers.

Reviewer appointment criteria

Reviewers are appointed through periodic open calls, self-nomination, or third-party nomination, based on the following criteria:

- **Quality Assurance and Accreditation Experience:** Minimum of five years' experience in higher education quality assurance or accreditation, either in managing quality assurance processes or serving as a reviewer for quality assurance agency.
- **International Education Experience:** Demonstrated understanding of international higher education, with preference for those experienced in working with quality assurance agencies across different countries or regions.

All reviewers must complete INQAAHE's ISG Review training, which covers the ISG framework, review process, and reviewer responsibilities.

Panel composition

The Review Panel's composition is tailored to the specific review, considering the type of quality assurance agency under review, its geographical context, and the scope of its quality assurance activities. Emphasis is placed on ensuring:

- Alignment of the panel's collective expertise with the review's requirements.
- Geographical and gender diversity.
- Inclusion, where possible, of at least one expert familiar with the quality assurance agency's higher education system and operating language.
- At least two experts, including the Panel Chair, come from outside the quality assurance agency's national system.

Conflict of interest

All reviewers allocated to an ISG Review must sign a no-conflict-of-interest declaration. The proposed panel composition is shared with the quality assurance agency under review for further confirmation of the absence of any conflict of interest.

Review Panel roles

Among the three experts, one is appointed **Chair** and another **Secretary** - they must be from different countries.

- The **Chair** holds overall authority and responsibility for the review process, ensuring integrity and effectiveness, serves as spokesperson during the review visit, and holds the casting vote if panel members' views diverge.
- The **Secretary** coordinates the Review Panel's activities, leading the development by part of the Review Panel of the review meeting's agenda, including the persons to be met and the questions to be asked for each meeting, as well as the drafting of the final findings report, integrating input from all panel members.
- **All** Review Panel members share equal responsibility to:
 - Review the SED and submitted evidence.
 - Participate actively in review meetings.
 - Contribute to drafting report sections.
 - Reach a collective decision on the ISG Review outcome.

The Review Panel works closely with the **Review Manager**, who facilitates the entire ISG Review process, serving as the liaison between the quality assurance agency, the Review Panel, and the ISG Review Committee. The main responsibilities of the Review Manager include:

- Briefing both the quality assurance agency and the Review Panel at the outset of the ISG Review process.
- Coordinating with the quality assurance agency and the Review Panel regarding the submission of the Self-Evaluation Document (SED) and supporting evidence
- Managing arrangements for the review visit and meetings, whether conducted in person, hybrid, or fully online.
- Attending the review meetings as the INQAAHE representative, ensuring the process runs smoothly, providing support to the Panel and the quality assurance agency, and maintaining consistency across ISG Reviews.
- Liaising with the review panel, the recognition committee, and the quality assurance agency in finalising the report and review findings.

Appendix III: Guidance for completing the Self-Evaluation Document

The Self-Evaluation Document (SED) is the applicant quality assurance agency's opportunity to assess its alignment with the ISG and provide supporting evidence. As a key source of information for the Review Panel, helping identify key lines of enquiry ahead of the review visit, the SED must be clear, evidence-based, and offer an honest reflection of the extent to which the quality assurance agency meets the ISG, including areas for future improvement.

Quality assurance agencies should use the provided template to complete the SED adopting the following approach for writing and structuring the SED.

The SED should start with a brief contextual description of the quality assurance agency, including its history, status, and mission, the higher education system in which it operates or which it oversees, and the range of quality assurance activities it carries out. The contextual introduction should also describe the approach adopted by the quality assurance agency in developing the SED. It is best practice for the SED to be developed as a collective effort of the quality assurance agency. This contextual description is expected to be no longer than six pages.

After this initial contextual description, the SED should address each of ISG standard in turn. For each standard, the quality assurance agency should explain through a concise self-reflective narrative how it meets its expectations, referring to supporting evidence. The self-reflective narrative for each standard is expected to be no longer than two pages.

If the agency considers a standard not applicable, it should provide a clear and well-justified explanation. This provision is particularly relevant to Standard 11 (Peer Reviewers) in cases where agencies employ alternative quality assurance methodologies that do not rely on peer review.

Since some standards are interrelated, evidence demonstrating compliance with one standard may also support compliance with another. Cross-referencing between standards is therefore possible and recommended. This is particularly relevant for Standard 15 (Integrity and Transparency) and Standard 16 (Stakeholder Engagement), which address cross-cutting aspects also covered by other standards.

In order to make the SED as easy to navigate as possible each paragraph should be numbered sequentially throughout the document (i.e. do not start new paragraph numbers for each section).

The SED should be written in English.

Submitting evidence

It is critical that the SED identifies the evidence that substantiates the self-reflective evaluation. The evidence is intended to support the analysis, not to serve as analysis itself. It should consist of existing documents, which may be publicly available or shared solely for the purposes of the ISG Review. If any evidence is not in English, a corresponding English translation must be provided.

Examples of the types of information that may be submitted as supporting evidence for each standard are provided alongside the SED template. These examples are illustrative only. They are not mandatory or exhaustive. Quality assurance agencies are encouraged to consider other relevant forms of evidence based on their context. The same piece of evidence might be used to demonstrate compliance with different standards.

In order to facilitate the analysis of the SED, please ensure that:

- all evidence documents are clearly labelled and numbered.
- each evidence document is clearly referenced to the appropriate text in the narrative of the SED using the same labelling and numbering system (for long documents, please provide page or paragraph numbers).
- only evidence necessary to demonstrate compliance with the ISG should be submitted, and no more than what is sufficient to establish compliance.

Quality assurance agencies are also requested to:

- use the same terminology and file names throughout the SED and evidence.
- use separate files for evidence documentation, without collating them into a single document.
- number files in a two-digit, linear sequence, starting with 01.
- submit evidence in a flat structure (that is, all files together, with no subfolders or zipped files) with documents clearly labelled.
- keep file names as short as possible.

Appendix IV: Protocol for online review meetings

To ensure the integrity, confidentiality, and impartiality of the review process, the following protocol applies to all online review visit meetings:

1. Camera Use:

All participants must keep their cameras on for the full duration of the meeting. This requirement ensures transparency, supports effective engagement, and confirms the identity of participants.

2. Attendance:

Only individuals who are formally required or invited to attend a meeting may join. The meeting link should not be shared beyond the intended participants.

3. Confidentiality of the Environment:

No individual who is not an invited participant may be present in the same physical space as a participant during the meeting, even if they are off camera or not directly interacting. This includes passive listening or presence in the room.

4. Purpose:

These measures are essential to safeguarding the integrity of the review process, protecting participants from undue pressure or influence, and maintaining a confidential and fair environment for open dialogue.

Appendix V: Glossary of Terms

Agency Coordinator: The representative designated by the quality assurance agency to liaise with the ISG Review Manager throughout the process.

Higher education: All types of courses of study at the post-secondary level aligned with UNESCO ISCED levels 4-8. These can often be referred to also as tertiary or post-secondary education.

Higher Education Provider: An organization, public or private, that provides higher education courses.

International Standards and Guidelines of Quality Assurance in Higher Education (ISG): The foundational standards and guidelines developed by INQAAHE, based on which quality assurance agencies are externally reviewed.

International Standards and Guidelines Review (ISG Review): The external review process conducted by INQAAHE for quality assurance agencies to benchmark their practices against the ISG, supporting continuous improvement and enhancing credibility.

ISG Fundamental Principles: A set of principles guiding the ISG Review process, including Peer-Review, Evidence Based, Principles Based, Fit for Purpose, Enhancement Oriented, and Transparency.

ISG Review Manager: The primary point of contact appointed by INQAAHE for all matters regarding the ISG Review process, facilitating the entire review and acting as a liaison.

ISG Quality Mark: A mark granted to successfully reviewed quality assurance agencies, entitling them to use it as an indication of meeting the ISG.

ISG Review Register (ISGRR): A register where successfully reviewed quality assurance agencies are included, alongside their right to use the ISG Quality Mark.

Joint Review: An alternative route where INQAAHE collaborates with regional networks to establish a single review panel that conducts both review processes within one coordinated exercise.

Mid-term follow-up report: A mandatory report submitted by quality assurance agencies two and a half years after a successful ISG Review, detailing how they have addressed recommendations and suggestions from the findings report.

Quality Assurance Agency: Agencies, public or private, that offer services aimed at enhancing and evaluating the quality of higher education providers and higher education courses, including through accreditation.

Quality assurance: The process by which the quality of a higher education provider or course of study is assessed to ensure that set educational standards are being maintained and enhanced.

Quality Assurance Framework: The set of standards and procedures that a quality assurance agency uses to quality assure higher education providers.

Recognition Committee: A standing committee of the INQAAHE Board responsible for ensuring the effective evaluation of quality assurance agencies against the ISG and supporting the continuous improvement of the ISG and the ISG Review scheme.

Recognition of Prior Review: An alternative route to ISG certification designed to minimize the burden on agencies that have already undergone external review by a regional quality assurance network with which INQAAHE has a recognition agreement.

Self-Evaluation Document (SED): A structured document that applicant quality assurance agencies must complete, including a reflective assessment against each ISG standard supported by evidence, which initiates and informs the review process.

Working days: Refers to the official working days of the party responsible for the action, whether INQAAHE or the quality assurance agency undergoing ISG Review.

