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**AKADEMIA E KOSOVËS PËR SIGURI PUBLIKE**  
**KOSOVSKA AKADEMIJA ZA JAVNU BEZBEDNOST/KOSOVO ACADEMY FOR PUBLIC SAFETY**

# **QUALITY MANUAL**

**VUSHTRRI 2020**

# QUALITY MANUAL

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## ABBREVIATIONS

<b>KAPS</b>	Akademia e Kosovës për Siguri Publike
<b>MIA</b>	Ministry of Internal Affairs
<b>MEST</b>	Ministry of Education, Science and Technology
<b>KAA</b>	Kosovo Accreditation Agency
<b>NQC</b>	National Quality Council
<b>NQA</b>	National Qualifications Authority
<b>NQF</b>	National Qualifications Framework
<b>EQF</b>	European Qualifications Framework
<b>CTVEA</b>	Council for Training, Vocational Education and Adult
<b>FPS</b>	Faculty of Public Safety
<b>AEPC</b>	Association of European Police Colleges
<b>IADLEST</b>	International Association of Directors of Standards and Law Enforcement Training in the US
<b>ICITAP</b>	International Criminal Investigation Training Program Support
<b>OSBE</b>	Organization for Security and Co-operation in Europe
<b>EU</b>	European Union Office in Kosovo
<b>INTERPA</b>	International Association of Police Academies
<b>CEPOL</b>	European Union Agency for Law Enforcement Training
<b>Twinning Project</b>	Project won by KAPS within IPA II - Annual Program for Kosovo, "Further support of public safety education in Kosovo", a project funded by the EU.
<b>IRD</b>	Institute for Research and Development
<b>PSI</b>	Public Safety Institutions operating in KAPS
<b>KP</b>	Kosovo Police
<b>KPI</b>	Kosovo Police Inspectorate
<b>EMA</b>	Emergency Management Agency
<b>KCS</b>	Kosovo Correctional Service
<b>KPS</b>	Kosovo Probation Service
<b>KC</b>	Kosovo Customs
<b>Third party</b>	Public Safety Institutions, not limited to: Kosovo Police (KP), Kosovo Customs (KC), Kosovo Correctional Service (KCS), Kosovo Probation Service (KPS), Kosovo Police Inspectorate (KPI) and Emergency Management Agency (AME)
<b>Attendess</b>	Persons who attend training and higher education at the Academy
<b>International Partners</b>	Permanent partners operating and cooperating with KAPS such as ICITAP, OSCE
<b>KAPS Bord</b>	A body that operates within KAPS which decides on minimum professional standards, training policies and specialized and advanced education for ASPs
<b>FPS Council</b>	The highest academic body of FSP which decides on all important issues in the field of teaching, research and scientific research
<b>DTES</b>	Department for Training and Educational Support
<b>DSPLA</b>	Department of Strategic Planning and Legal Affairs
<b>DFGS</b>	Department of Finance and General Services
<b>QAD</b>	Quality Assurance Division
<b>FRD</b>	Foreign Relations Division
<b>ITD</b>	Information Technology Division

## **INTRODUCTION BY THE GENERAL DIRECTOR**

The quality manual is a document that expresses the goals of the institution based on the legal part and its mandate to execute its quality management system, therefore it is undoubtedly the most important document of the Academy, after the approval of the Law of the Kosovo Academy on Public Safety.

The quality manual is in fact the document of encouragement and continuous improvement, including the staff, in the educational processes, professional services, administrative and above all in front of our field and mandate, committed to the public security of our country, always in function of our mission and vision.

By synthesizing and sublimating the “principles of quality management” in this handbook, we also want to continue to prove ourselves to our stakeholders (Public Safety Agencies), in the first place, as well as to our partners in Europe and the States. United States, that we will be a serious partner in achieving our common goal: the safety and well-being of the citizen.

The staff members of the Academy will be active and creative in all phases of the strategic development of the Academy.

The principle of continuous improvement is the main principle and part of the vision of the Academy. The Academy will organize staff trainings in order to increase performance in the improvement phase. In particular, the principle of self-improvement of staff will be appreciated.

Therefore, the quality manual which will contain the principles of continuous improvement, itself as a document will be subject to continuous improvement.

Lastly, the manual only by constantly improving the process, will guarantee the staff of the Academy in providing quality services and in accordance with the needs of time.

**Mr. Ismail Smakiqi**

**General Director of the Kosovo Academy for Public Safety**

## **ENTRY**

Quality assurance is part of the continuous development of all processes and activities in the Kosovo Academy for Public Safety. The implemented quality system provides an overview of the principles of quality management in KAPS and shows how those principles can form the basis for improving organizational performance and excellence. KAPS internal quality management system is described in the quality manual and thus has an important role in managing the organization on a daily basis. The quality manual is a dynamic document which is constantly changed according to the needs and changes in the organization.

The purpose of the quality manual is to serve as a tool for planning, operating and evaluating core processes as well as highlighting the roles and tasks of employees in improving quality in the various activities of KAPS.

The quality manual in accordance with the internal quality management system, describes the basic processes and sub-processes of KAPS, the basis for planning (plan), activities (work), monitoring and evaluation (control) as well as methods and procedures for improvement (action). The handbook describes the principles and policies of the academy quality, major activities, goals, measurable indicators and practices related to the evaluation, measurement and development of activities. The quality manual gives internal and external stakeholders a comprehensive overview of the quality management of the academy as an institution and also this manual will be used as a basis for self-assessment reports which are required for the accreditation of curricula. and the institution.

The quality manual was drafted by Finnish and Estonian experts in the framework of the twinning project "Improving education in the sectors of public order and security in Kosovo" in cooperation with the management team and staff of the Kosovo Academy for Public Safety. Work on the manual was carried out in the period 2012-2013. The manual was revised during 2017 in order to include vocational training programs and their implementation in accordance with the needs of KAPS.

This review was done according to the quality assurance system for vocational training and for the progress of the process of validation of Professional Programs and Institutional Accreditation of KAPS by the National Qualifications Authority. The review was made by the relevant KAPS staff and based on the KAPS Development Strategy 2019-2022.

# 1. ORGANIZATION AND MANAGEMENT

## 1.1 Description of the Academy

The Kosovo Academy for Public Safety was established in November 2011, as the successor to the Kosovo Center for Public Safety, Education and Development. In November 2011, the Assembly of Kosovo adopted Law no. 04 / L-053 on the Kosovo Academy for Public Safety to make KAPS legally an executive agency within the Ministry of Internal Affairs of the Government of the Republic of Kosovo.

By law, KAPS is responsible for providing training and higher education, implementing training and higher education policies and strategies, and developing capacity in the field of public safety. KAPS provides basic and specialized training to the

- Kosovo Police,
- Kosovo Correctional Service,
- Kosovo Customs,
- Emergency Management Agency,
- Police Inspectorate and
- Probation Service , as well as other security agencies.

## 1.2 Mission, vision and core values

KAPS management systematically develops the mission, vision and core values which contribute to strategic planning and quality assurance, which are a model for the culture of excellence. The KAPS mission statement sets out the overall purpose of the academy, guides its core operations and provides the framework within which the academy's core strategies and values are formulated. The statement also identifies the primary stakeholders and describes the key services that have been provided to them.

### ***Mission***

***The mission of the Kosovo Academy for Public Safety is to provide high quality services of training, education, research and development in the field of public safety.***

The KAPS vision statement describes the future position and vision of the academy, being at the same time a framework for strategic planning. It determines the direction of the organization which can be achieved through specific forms of action.

KAPS vision also reflects the expected values, core competencies and basic principles of behavior of its employees.

#### ***Vision***

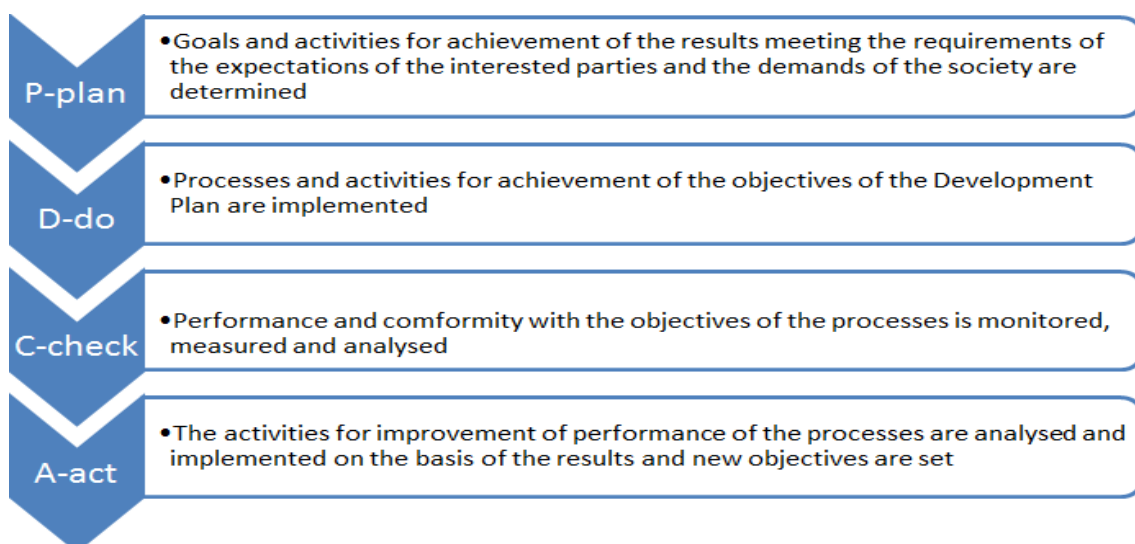
***The vision of the Kosovo Academy for Public Safety is that: In 2022 KAPS will be the Center of Excellence for Public Safety in Kosovo.***

The core values of KAPS describe the beliefs that are shared with all stakeholders. They provide the framework in which decisions are made and set the guiding principles that set the applicable norms of conduct and action.

#### ***Core values***

***honesty, transparency, responsibility, professional ethics and diversity***

Strategic management in the Academy is based on the principles of Deming:



### 1.3 Key Stakeholders

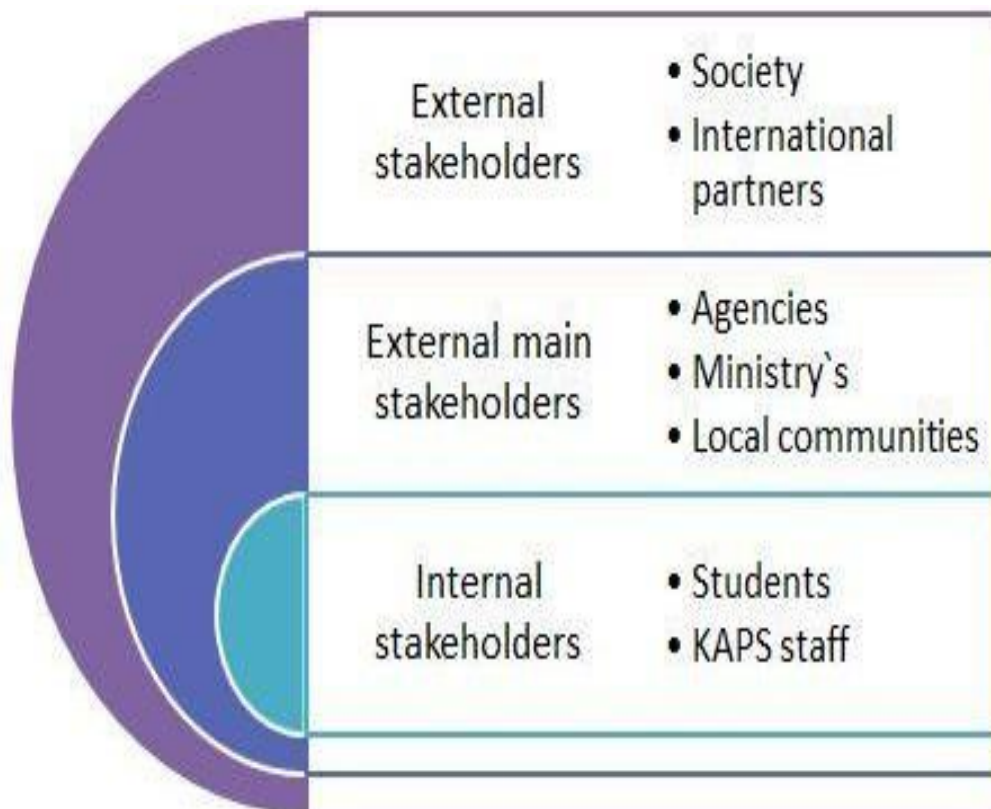
The main results of the academy depend on the needs and requirements of its stakeholders, therefore the goals of the organization are directly related to the needs and expectations of stakeholders by measuring their satisfaction and acting on the results.

Because stakeholders are involved in all KAPS processes, but differ in their expectations, responsibilities and roles, they are organized at three levels:

- External stakeholders - society at large, including international partners, organizations, collaborative networks, educational institutions
- Key external stakeholders: organizations that have a direct interest in the main processes and achievements of KAPS.
- Internal stakeholders: students, staff as well as trainers who are part of or who are directly related to the main services of KAPS

Description of stakeholders

## 2. QUALITY MANAGEMENT STRUCTURE IN KAPS



## **2.1 History of quality management in KAPS**

Since 2000, several efforts have been made in developing the quality assurance process. The institution has built the culture, policies and accompanying quality processes to ensure the quality and standards of its programs. The Academy has systematically collected and analyzed feedback and relevant information which has been used to develop the curriculum. Initially, feedback was provided at the end of each module, but since 2008, based on the proposals of the European agency "AQAS" (Agency for quality assurance through accreditation of the study program), official mechanisms have been implemented for approval, periodic review and monitoring study programs. Also, since then students and public safety institutions, OSCE, ITICAP and local agencies have participated in quality assurance activities.

Skills assessment is taken as the main tool for quality assurance. The purpose of the evaluation was to improve the curriculum, teaching and learning materials. The information was mainly obtained through the answers to the questionnaires.

In 2011, the academy participated in a pilot project of the AKM (National Qualifications Authority) and since then continuous efforts have been made to achieve accreditation and improve basic training modules for all public safety institutions. In 2012, a new self-assessment report was submitted to the KCA.

Since then, the academy has raised in its proper position its structural composition based on which of the quality and quality unit was formed the Quality Assurance Division.

## **2.2 Quality Assurance Division at the Academy**

Within the KAPS structure, based on the need for quality assurance and continuous improvement, the Quality Assurance Division took over the following tasks and responsibilities:

- Implementation of procedures which include evaluation processes and system;
- Supervises and assists in the continuous improvement of quality control processes through methods - fair and appropriate actions;
- Reviews the efficiency of the quality system and provides professional support regarding the evaluation procedures and the design of different types of questionnaires in the Academy;
- Undertaking actions for quality assurance assessment of study and training programs in

order to achieve the objectives and systematic control;

- Cooperation with relevant actors in the academy at all stages of action for the implementation of the assurance and quality control system;
- Coordination and implementation of activities related to the self-assessment of the institution;
- Determining the credit points earned by the participants based on the defined criteria, depending on the institution to which it is applied;
- Prepares the self-assessment report and the necessary documentation for accreditation according to the legislation in force.
- The Quality Assurance Division of the Academy reports to the General Director.

### 3. QUALITY ASSURANCE POLICY

Our quality policy specifies the degree of excellence / excellence where "all activities of the institution will be carried out in a systematic manner in accordance with established and documented Policies and Procedures, meeting applicable legislative requirements. These policies will be visible and applicable, and will ensure that they meet the needs of attendees, cadets and students, and in particular those of staff and stakeholders.

We understand that quality is the responsibility of all staff, and will therefore promote a culture of quality within the organization through the exchange of information, including staff in decision-making and specific quality management functions,

Where deficiencies are found, in relation to the functioning of the Quality Management System, corrective and preventive actions will be taken to ensure the continuous improvement of quality assurance policies and procedures. The Quality System must have the full commitment of its management and staff.

It is important to improve the quality of management, policy implementation and quality management principles to ensure the sustainability of the academy. Quality policies and principles have been implemented by senior management as a framework to guide organizations towards performance improvement and they are directly related to the 4 basic processes and 15 basic sub-processes of the academy which are the basis for the internal system of quality management.

The quality policy in the academy refers to the following principles of operation:

- The Academy fulfills its mission and vision in a way that supports the development and satisfaction of students, staff and Public Safety Institutions;
- The Academy has a quality management system, which system ensures that the institution is able to function reliably, efficiently and with a quality orientation.

In quality management the following quality principles are respected for:

- Results orientation (achieving results that meet the main stakeholders of the academy);
- Attendant / student focus (creating long-term value for the attendee / student);
- Leadership and determination (inspiring leadership leadership accompanied by unity of purpose for all);
- Evidence-based processes and management (management through interrelated systems, processes and facts);

- Staff engagement and development (maximizing employee contributions through their engagement and development);
- Learning, innovation and continuous improvement (presenting challenges, initiating change through learning and innovation);
- Development of partnership (development and maintenance of value-added partnerships);
- Social responsibility (understanding / responding to the expectations of society stakeholders).

### **3.1 Quality management system planning**

The quality management system identifies and plans the resources needed to ensure that our quality objectives are met. This includes identifying and planning the quality management system processes, the resources needed to ensure its successful implementation, and objectives for continuous improvement. This is achieved by drafting strategies in the field of quality which confirms the fact that quality integrity is constantly maintained and maintained.

#### **3.1.1 Responsibility, authority and communication**

Further you'll find the main responsibilities and authorities for maintaining the integrity of our quality management system:

#### **3.1.2 Senior and operational management**

Senior Management - is responsible for Strategic Planning and Quality Improvement Process Planning, policy development, vision, and our quality values and beliefs, as well as providing the resources needed to meet our goals and objectives. Furthermore, senior management is responsible for conducting quality system reviews on an annual basis through mechanisms established by the management itself. In terms of operational aspect, this links the management responsible for the execution of the Strategic and Dynamic Plan, budget and system implementation as well as quality management policies for which in the respective areas are the responsibility of senior management throughout the Institution.

This explicitly includes those responsible for implementing our Quality Policy and ensuring that our values and beliefs are respected in the units of the institution for which they are responsible.

### 3.1.3 Officials responsibility

All employees are responsible for the quality of their work and their share in the overall processes used to provide services to stakeholders. Officials will identify and record any problems related to the process and quality system. Officials are also key participants in improving the process and identifying the measures needed to ensure the continued success of our ongoing improvement process. They will initiate, recommend or provide solutions through an action plan to correct and prevent non-compliance with work objectives.

### 3.1.4 Internal communication

Through the quality management system we provide a communication that relates to all levels of the institution through formal and informal forms of communication.

### 3.1.5 Provision of resources

Appropriate resources include trained staff, and on top of that all our resources are identified by documenting staffing processes. We at the Academy believe that staff are also our most valuable assets. Exactly the work of the staff through the fulfilment of their objectives achieves the satisfaction of the stakeholder both in the field of education and that of the services provided.

In line with our values and beliefs, we will do our best to help them reach their full potential through ongoing education and training.

We define employee training, awareness and training through a variety of methods.

- All employees are *evaluated and qualified based on documented or demonstrated competencies*.
- *Maintaining data on qualifications* and training for all employees.

## 3.2 Measurement, evaluation, analysis and improvement

Students / attendees are the reason we exist, and we direct our quality through policies "to meet or exceed their expectations". We collect, monitor and evaluate information in order to determine how well we are performing against this critical objective. Our goal is to be particularly responsive to grievances or complaints. Whoever receives a grievance has the responsibility to document the grievance in accordance with written norms, regulations, or policies and procedures. In addition, the person receiving the complaint should try to resolve

and address the issue immediately. All data provide us with a relative measurement which is interpreted through the evaluation process, questionnaires, various surveys. Also in this form as a measuring tool we have the internal audit reports in identifying additional opportunities for improvement. The results of these audits form an integral part of the ongoing improvement process.

The most comprehensive tool for determining the effectiveness of our quality management system and identifying opportunities for improvement is our annual assessment against the requirements of external quality assessors. We will use the evaluation results to identify current strengths and weaknesses and identify opportunities for ongoing improvement through feedback and dynamic action plans.

In the framework of processes and procedures for quality assurance, evaluation systems have been established in physical and electronic formats. Evaluation is a mechanism based on which the aspect of improvement is helped through feedback by ensuring the full implementation of the Deming cycle through quality control processes as fair and appropriate actions.

We plan and manage the processes needed to continuously improve the quality management system by setting objectives, process planning, securing the resources and information needed. We are based on the implementation and realization of quality assurance through analysis and monitoring of measures needed to evaluate the effectiveness and efficiency of the improvement process through the identification and implementation of actions required after an analysis of the evaluation process and findings to achieve desired results.

The implementation of quality assurance policies according to contemporary standards is achieved through the provision of training curricula and study programs according to local and international accreditation criteria and standards. This is achieved through continuous process evaluations and reporting with concrete recommendations focused on providing and improving services and activities.

### 3.3 Review of quality assurance policies

Representatives from the Senior Management in the fields of higher education, vocational and operational training, including staff, will play a special role in creating various mechanisms through which the review of the quality policy system is intended. This mechanism based on the processing of evaluations for the previous annual period will review the quality management system to ensure adequacy and continuity in maintaining quality at the required level in accordance with local and international standards. The job of this mechanism will be to review the mission statement and quality policies, values and beliefs, as well as the annual objectives anticipating changes in the quality management system.

The quality management system review should also include a summary of current performance and opportunities for improvement in relation to follow-up to previous reviews, stakeholder feedback, audit reports, evaluation reports in the field of education, training and services offered.

Version No	Period	Clarification for review
V1	2013 – 2016	It is designed according to the quality assurance needs for the Bachelor Studies Program
V2	2017	It was revised according to the needs of the Vocational Training Programs and their implementation.
V3	2020	It was revised according to the needs of the revised policies within KAPS, including the revision of the Bachelor study program and the Vocational Training programs and their implementation.

## 4. QUALITY MANAGEMENT SYSTEM

Quality management assurance includes systematic review of the institution and educational programs to maintain and improve its quality, equity and efficiency. The quality management system itself includes:

- *Internal quality management system, and*
- *External quality management system*

All this is achieved initially through the recognition of opportunities starting from self-assessment, internal evaluation (through evaluation mechanisms), external evaluation (including inspection), evaluation of teachers / instructors, management, students / cadets and attendees in training and evaluation and survey including questionnaires on activities offered under KAPS.

The development of sustainable quality assurance systems is essential to support inclusive, high-quality education processes throughout our country which is consequently in line with the European Education Area. It also creates the development of cultures of continuous improvement to achieve a level of excellence always applying the key principles of achieving lifelong learning competencies and promoting shared values, inclusive education and the European dimension of teaching. We therefore believe that quality assurance is essential to create the conditions to facilitate the movement of knowledge across Europe and the world, especially through increased transparency and trust.

### 4.1 INTERNAL QUALITY MANAGEMENT SYSTEM

The Kosovo Academy for Public Safety has established a series of internal mechanisms which constitute a single and important body of quality assurance in terms of continuity.

In KAPS, internal quality assurance is done through the application of quality assurance policies for the following groups:

- *Students, cadets and attendees of other trainings*
- *Academic staff and teachers / instructors*
- *Administrative staff*
- *Management, and*
- *Graduates*

All quality assurance policy application stakeholders are focused on the following key quality

system cycles:

- *Planning;*
- *Measurment;*
- *Management;*
- *Realization, and,*
- *Improvement.*

#### **4.1.1 Internal quality assurance mechanisms**

In KAPS, internal quality assurance consists of several mechanisms which are basically an integral part of the Quality Management System as a whole which ensures an improvement and continuity of the overall function of KAPS.

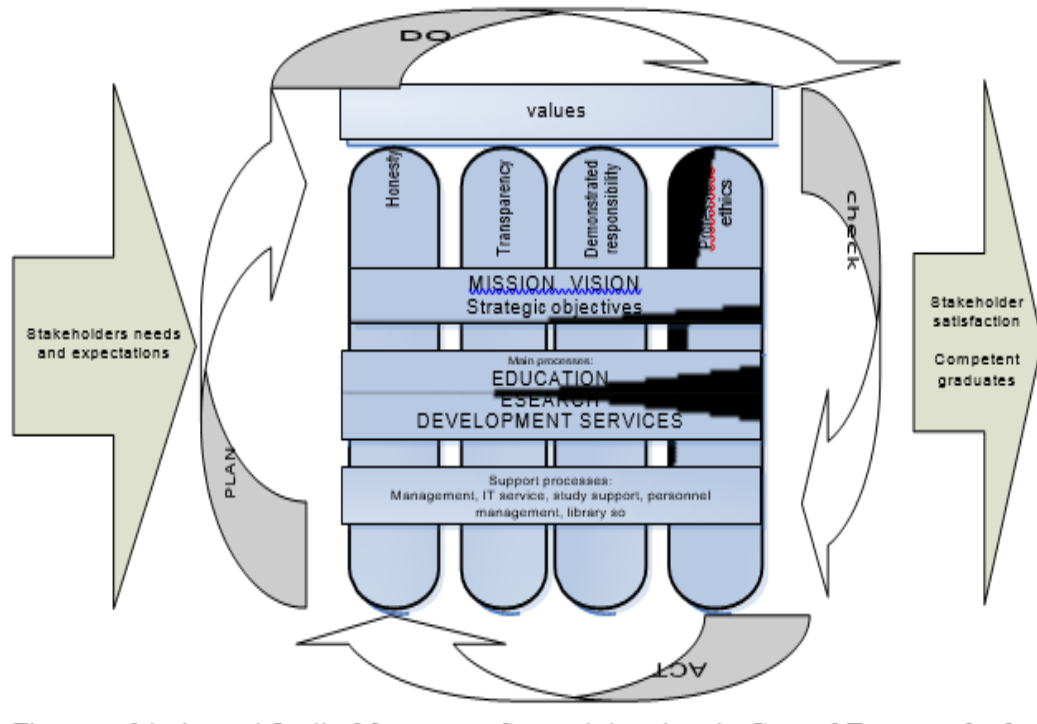
Quality assurance mechanisms

- *General framework of standards*
- *Quality assurance strategy*
- *Evaluation forms*
- *Surveys*
- *Questionnaires*
- *Evaluation reports*

#### **4.1.2 General framework of standards**

The internal quality management system is built within the scope of the twinning project. This system is based on the main principles of the EFQM and CAF models by simultaneously implementing the 4 steps of the quality circuit according to Deming (plan, do, control, act). The quality system is designed to provide high quality guidance and satisfaction to all stakeholders.

The overall KAPS quality system scheme is designed as a result of the twinning project activities, where the mission, vision, core processes and organizational values are defined and agreed upon. The following model is generally taken as a defining framework of quality management in the academy.



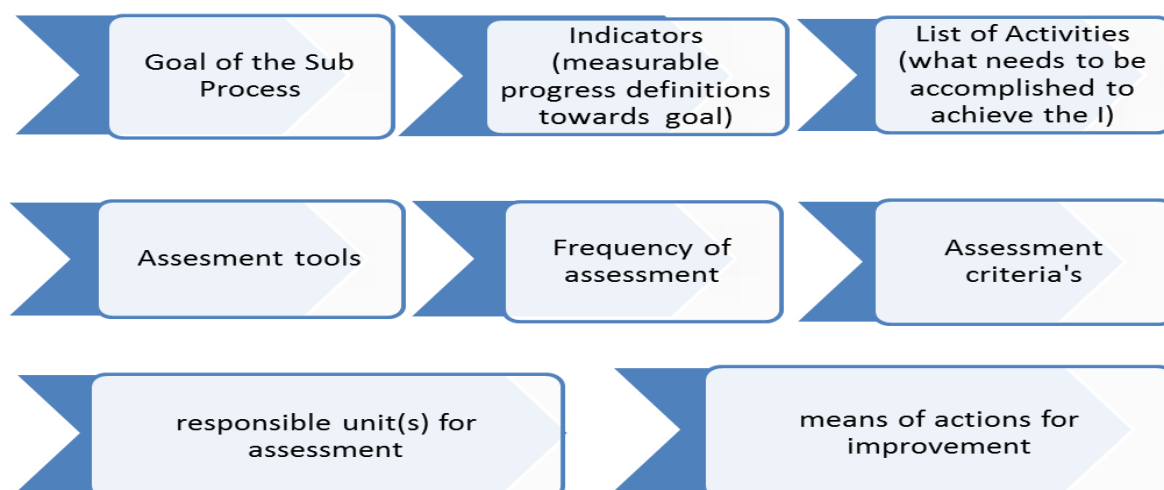
The core of the internal quality management system is based on the overall standards framework, which helps to plan and unfold a package of activities needed to achieve a sustainable and enforceable quality assurance process in KAPS. The general standards framework is taken as a functional method for describing all relevant processes and quality objectives in the institution and this method is attached as an appendix to the quality manual.

The general standard framework is based on these basic pre-defined academy processes:

#### *KoStrategic planning and management*

- *The study process in higher education and the process of Vocational Education and Training*
- *Research, collaboration and development*
- *Resource management*

The framework describes in detail the measurable indicators for all quality goals, the list of activities to be met, the tools and criteria for evaluation, the process carriers and the improvement actions which are described in the diagram below.



The internal quality management system in KAPS is a matter of continuous improvement. All KAPS employees are expected to be responsible for their performance in terms of quality and also to participate and contribute to the continuous improvement of the entire quality management system through measurement and evaluation.

#### 4.1.3 Main processes and sub-processes

The Kosovo Academy for Public Safety continuously plans and develops necessary activities for the implementation and improvement of the quality of the main processes. Identifying, understanding and managing interrelated processes as a system, contributes to the effectiveness of the organization in achieving its objectives. Efficient decisions are based on the analysis of data and information, therefore data collection is also the basis for the quality assurance process.

The following chapter provides a brief overview of how each sub-process is driven from the perspective of evaluation and quality improvement in key areas.

The process itself has a major role in supporting and developing educational activities at all levels of education, providing the necessary competence and capacity needed to meet stakeholder expectations nationally and internationally. The logic of the quality management system is developed through the approach which consists of the steps described as before.

In the general framework of standards all procedures and actions are described in detail within the 4 main processes and 15 main sub-processes. In the study process, the quality assurance system of higher education and vocational training is described in parallel in each sub-process.

#### 4.1.4 Evaluation forms

The Academy designs evaluation procedures through evaluation forms based on the Kirk-Patrick system in terms of monitoring and observation of processes ensuring a high level of quality through the process of continuous improvement and customer orientation as one of the basic principles. Evaluation forms are drafted in two formats; physical and electronic. The rating is based on:

- *Evaluation of in-service management measures*
- *Evaluation of study programs*
- *Evaluation of trainings and professional training modules*
- *Assessment of quality in teaching*
- *Evaluation of research activities*

All this contributes to the quality assurance of study and training programs in order to achieve the objectives and systematic control, through cooperation with relevant actors in the academy at all stages of action for the implementation of the quality assurance and control system. All this precedes the need for an institutional self-assessment.

#### 4.1.5 Surveys

Surveys enable us to gather feedback and opinions, opinions from the teaching, follow-up, instructor, staff or partially involved in follow-up services to promote continuous improvement in any number of educational areas. Through surveys we access information that is missing in terms of evaluation forms.

Surveys provide a fair understanding of the different range of needs for improvement such as:

- *Course feedback*
- *Teacher / trainer evaluation*
- *Collection of comments from teachers*
- *Student satisfaction*
- *Faculty satisfaction*
- *Evaluation of learning / training programs*

In collecting data through surveys, it facilitates the identification of education providers ways to improve by constantly striving to provide an exceptional learning experience.

#### **4.1.6 Questionnaires**

The questionnaires are mainly related to the level of satisfaction of the activities / services provided within KAPS in general. Questionnaire design is in line with the logical framework of standards.

#### **4.1.7 Evaluation reports**

After the evaluation process, the DSC officials draft the evaluation reports which consists of the following structure:

- The arithmetic part of the data obtained by presenting the general data of the evaluation process divided into sections according to the questions posed in the evaluation followed by the tabular presentation of the arithmetic data obtained and detailed in percentage obtained. This section also presents the accessibility diagram of the obtained data.
- The analysis part of the obtained arithmetic data based on the provision of a summary analysis according to the percentage obtained in the sections / questions submitted. The analysis provides a commentary on the achievements and areas where the need for improvement has been identified.
- The recommendations section presents the recommendations for continuous improvement and the need for feedback which reflects one of the basic reasons for completing / changing the respective evaluation areas. Also the part of recommendations offers and recommends gratitude for the commitment provided in the institutional, sectoral, or individual official aspect.

Evaluation reports are an essential part of the analysis of Annual Self-Evaluation Reports which precede the development of strategies for continuous improvement, through concrete dynamic plans.

## 4.2 EXTERNAL QUALITY MANAGEMENT SYSTEM

The external system in KAPS is based on three key quality assurance processes as follows:

### 4.2.1 Accreditation and re-accreditation process in higher education

The first process is related to the overall processes of HEIs in Kosovo is dependent on the Kosovo Accreditation Agency. KAPS respects the entire procedure, rules and norms set by the KAA. The external quality assessment process includes the KAPS public safety study program, in the process of accreditation and re-accreditation, as well as the institution itself in the process of re-accreditation and accreditation. KAPS adheres to the Law on Higher Education, the NQF, the European Principles for Higher Education, the Administrative Instructions, as well as the manual for external quality assurance.

The process of accreditation of higher education in these fields:

- *Institutional accreditation for the higher education provider*
- *Accreditation of public safety program (Bachelor or Master)*

To start a new program certain steps must be taken as a start:

- a) *Document justifying the market need for the program;*
- b) *Support from the faculty and other external organizations and evaluations by academic and professional experts;*
- c) *The space needed to develop the program;*
- d) *The academic staff needed in number, and adequate in specialization to develop the program.*

The process of validation of a program, whether in accreditation or re-accreditation goes through the KAA, respectively the CSC.

For the purpose of the new / accreditation process, KAPS engages the Coordinator from QAD who is selected within QAD and at the same time introduces the main link with the team of assessment experts.

### 4.2.2 Re-accreditation and re-validation process for education, vocational training

The second process is related to the overall processes of AKM and is dependent as a process on KAAPRr and AKM. KAPS respects all procedures and norms set by the AKM. The process of external quality evaluation includes all profiles offered of professional training which arise as a result of validated Profession Standards and in accordance with the NQA manual, the new accreditation and re-validation process is in full compliance with the requirements by AKK.

KAPS adheres to the Law on Vocational Education and Training, NQF, KEK, Administrative Instructions, as well as the Manual for external quality assurance. The process of re-accreditation and re-validation for education, vocational training in the following areas:

- *Re-validation of professional standards*
- *Re-validation and re-accreditation of professional training*

For the purpose of the new / accreditation process, KAPS engages the Coordinator from QAD who is selected within QAD and at the same time introduces the main link with the team of assessment experts.

#### **4.2.3 International accreditation process**

Current international accreditation is provided by IADLEST and provides a framework of standards that promote best practices for law enforcement training academies. The accreditation process may not always validate the current operations of an agency. The purpose of the accreditation process is to support development and improvement where necessary and to recognize excellence when it is observed. In some cases, compliance with IADLEST accreditation standards may result in modification of agency policies, procedures or operations. There are five steps to the IADLEST accreditation process: Application, Preparation, Assessment, Accreditation and Re-accreditation.

International re-accreditation process by IADLEST

– *Accreditation or institutional re-accreditation*

For the purpose of the new / accreditation process, KAPS engages the Coordinator from DSC who is selected within DSC and at the same time introduces the main link with the team of assessment experts.

## 5.1. STRATEGIC MANAGEMENT AND PLANNING

5.1.1. LEADERSHIP	
<b>GOALS:</b> <ol style="list-style-type: none"> <li>1) To create and update organizational strategy</li> <li>2) To maintain and improve KAPS mandate for all stakeholders</li> <li>3) To build up organizational culture</li> <li>4) To demonstrate organizational values by behaviour</li> </ol>	
<b>PLAN</b> <ul style="list-style-type: none"> <li>• To define the organizational strategy and development plan</li> <li>• To prepare and provide high quality services to the public safety agencies</li> <li>• To involve KAPS staff into processes and satisfy their needs</li> <li>• To create organizational culture based on values</li> </ul>	<b>DO</b> <ul style="list-style-type: none"> <li>• Mission, vision, strategic goals, and core values are clearly defined and introduced to the staff</li> <li>• Development plan has been worked out and implemented</li> <li>• The needs and interests of public safety institutions have been mapped and relevant activities implemented</li> <li>• KAPS staff is well-informed and involved in the implementation of strategic goals</li> </ul>
<b>CHECK</b> <ul style="list-style-type: none"> <li>• The strategy is overviewed according to the needs and updated regularly</li> <li>• The development plan is renewed once a year based on the strategy</li> <li>• The feedback from public safety agencies is collected once a year to improve the quality of the services offered</li> <li>• The feedback from KAPS staff is collected once a year to guarantee employees' satisfaction and involvement</li> </ul>	<b>ACT</b> <ul style="list-style-type: none"> <li>• The strategy and development plan is followed on every-day basis for strategic management and leadership</li> <li>• The quality of the services is assessed regularly and improved to fulfil the stakeholders expectations</li> <li>• Focused and relevant information is forwarded to KAPS staff on regular basis</li> <li>• The value-based behaviour is demonstrated by senior management</li> </ul>
<b>ASSESSMENT TOOLS:</b> regular checking, feedback questionnaires, satisfaction surveys	
<b>MAIN HOLDERS OF THE PROCESS:</b> General Director, members of senior management	
<b>KEY RESULTS:</b> <ol style="list-style-type: none"> <li>1) Organizational strategy is existing, regularly updated and implemented</li> <li>2) Quality services are offered to all stakeholders according to their needs</li> <li>3) KAPS staff is well-informed and involved into the implementation of the strategy</li> <li>4) Value-based behaviour is a part of organizational culture</li> </ol>	

### 5.1.2. COMMUNICATION

#### GOALS:

- 1) To create credibility and reputation for KAPS among the public and the media
- 2) To establish and maintain open internal communication culture
- 3) To make KAPS known to foreign partners

#### PLAN

- To plan a communication strategy
- To maintain active communication towards the media with news bulletins, media briefings, etc.
- To publish plan for internal news sheets;
- To organize regular staff briefings
- To introduce KAPS to external international networks ( AEPC, CEPOL);
- To prepare bilateral contacts for cooperation contracts

#### DO

- Communication strategy is launched to action for media visibility, reputation and marketing
- Means of communication are used to assure internal communication culture
- Internal news sheets are published and regular staff meetings are held
- KAPS has joined AEPC and negotiations with CEPOL have started
- Cooperation agreements are launched in action and communicated to relevant stakeholders

#### CHECK

- Media monitoring report and statistical analyses are done
- Assessment of strategic communication goals are compared with published news
- Internal satisfaction rates about communication are gathered with the staff satisfaction survey
- Number of agreements of cooperation towards the intended goal have achieved

#### ACT

- Evaluate attitudes in media publicity (positive/neutral/negative)
- Results are analysed and amendments made to communication strategy plan

**ASSESSMENT TOOLS:** Media monitoring report, statistical overview of publications, staff satisfaction survey

**MAIN HOLDERS OF THE PROCESS:** Management team, External Relations Office

#### KEY RESULTS:

- 1) An up-to-date communications plan
- 2) Number of articles/news with reference to KAPS min. x / each 6 months
- 3) Main satisfaction factors are above scale average and improving

### 5.1.3. POLICY PLANNING

#### GOALS:

- 1) To align KAPS activities with paragraph 2 of the KAPS law
- 2) To build up a solid organizational, managerial and administrative structure for KAPS

#### PLAN

- To transfer essential policy guidelines into KAPS plans, programs and curricula
- To decide formally upon the structure of the organization
- To define individual task of KAPS staff and responsibilities for members of management and administration

#### DO

- The survey for the evaluation of the functionality of the organization is done
- The formal decision making process is defined
- The job descriptions for each person have been done
- The responsibilities are divided between the administrative staff

#### CHECK

- The self -evaluation report is compiled and the legal aspects are checked to be in accordance with paragraph 2 of the KAPS law annually
- The survey for the evaluation of the functionality of the organisation is done and compared with the assessment criteria every two to four years
- The results of the external audit have been checked

#### ACT

- The administration staff is informed concerning to the legal issues by the legal office
- The decision making system on organisation and management is formal and updated
- The job descriptions of the administrative staff member are updated

ASSESSMENT TOOLS: self - evaluation report, survey every two or four year, external audit

MAIN HOLDERS OF THE PROCESS: General Director, Management Team, Legal Office

#### KEY RESULTS:

- 1) Curricula, study programmes and plans are in accordance with national legislation
- 2) The decision making processes, personal duties and responsibilities of the managerial and administrative staff are clear, transparent and recognized inside the organisation
- 3) The KAPS organisation is recognized as a functional and reliable organisation by the stakeholders

### 5.1.4. QUALITY MANAGEMENT

#### GOALS:

- 1) To ensure that KAPS teaching results fulfil employers' requirements
- 2) To ensure that KAPS fulfils national and international quality requirements (e.g. ENQA)
- 3) To maintain continuous improvement momentum within KAPS

#### PLAN

- To assess employers' requirements and expectations
- To involve employers in planning of KAPS education and teaching activities
- To check applicable standards and requirements
- To define necessary actions for KAPS and prepare an implementation plan
- To design a system for KAPS to encourage internal initiatives

#### DO

- Satisfaction surveys and questionnaires are worked out
- Standards and requirements are checked
- Action plan is worked out
- The self - evaluation report document is worked out
- Data will be collected in time for the updating of quality management system

#### CHECK

- The employer requirements and expectations are assessed once every 6 months
- The implementation plan is assessed once a year
- The employers are involved in KAPS activities and activities are collected annually
- The quality system is designed

#### ACT

- The data from quality management system are reflected and divided to KAPS staff systematically
- The monitor system is improved and updated
- The quality management system is updated
- The implementation plan is reviewed systematically

**ASSESSMENT TOOLS:** Data collection system, feedback questionnaires, interviews, self - evaluation report

**MAIN HOLDERS OF THE PROCESS:** General Director, Management team, Quality Assurance Office

#### KEY RESULTS:

- 1) Employers satisfaction
- 2) Conformity with national and international standards
- 3) Regular QMS reports as evidence of progress
- 4) Initiatives for improvement from QMS

## 5.2. STUDY PROCESS

5.2.1. CURRICULA DEVELOPMENT	
<b>GOALS:</b> <ol style="list-style-type: none"> <li>1) To update the curricula according to the needs</li> <li>2) To ensure curriculum outcomes – skills, knowledge and experiences</li> <li>3) To support students after graduation to go working in their own field</li> </ol>	
<b>PLAN</b> <ul style="list-style-type: none"> <li>• To develop the procedures and rules for updating the curricula</li> <li>• To work out students, employers and graduates feedback questionnaires</li> <li>• To collect information for the changes of curricula</li> </ul>	<b>DO</b> <ul style="list-style-type: none"> <li>• Questionnaires (students, employers and graduates) are worked out</li> <li>• Data will be collected in time for the updating of curricula</li> </ul>
<b>CHECK</b> <ul style="list-style-type: none"> <li>• The student feedback is collected once in a semester and the results are analysed and compared with the expected quality indicators</li> <li>• The employers' feedback is collected and analysed one year after graduation; interview with employers are made 3-6 months after graduation</li> <li>• The alumni feedback is collected three years after graduation and analysed</li> <li>• Percentage of graduates, who will work in their field, is calculated and analysed once a year after graduation</li> </ul>	<b>ACT</b> <ul style="list-style-type: none"> <li>• The analysed data are reviewed systematically</li> <li>• Monitor system and feedback questionnaires are improved</li> <li>• Curricula are updated</li> </ul>
<b>ASSESSMENT TOOLS:</b> Data collection system, feedback questionnaires, interviews	
<b>MAIN ACTORS IN THE PROCESS:</b> Study Department, Quality Office	
<b>KEY RESULTS:</b> <ol style="list-style-type: none"> <li>1) Students, employers and graduates satisfied with curricula (%)</li> <li>2) Number of students who get a job in their own field</li> <li>3) Curricula are updated every year</li> </ol>	

### 5.2.2. STUDENT ADMISSION

#### GOALS:

- 1) To assure quality of admissions according to the standards of admission
- 2) To recruit a sufficient number of students by the beginning of the academic year

#### PLAN

- To develop the procedures and rules for student admission
- To prepare tests for admission
- To collect data about admission
- To share information about admission

#### DO

- Tests are prepared
- Recruitment activities and communication are finalized and committed
- Statistics of applications are collected

#### CHECK

- The student admission data is collected and analysed once a year after the admission period
- The student admission average score is collected and analysed once a year after the admission period
- Interviews with recruits are done and analysed once a year after the admission period

#### ACT

- The analysed data is reviewed systematically
- Tests are updated on a regular basis in cooperation with relevant stakeholders
- The changes to the interview is done

**ASSESSMENT TOOLS:** tests, interviews with recruits, application statistics

**MAIN ACTORS IN THE PROCESS:** Directorate of Training and Educational Support

#### KEY RESULTS:

- 1) Number of applicants who passed the admission test
- 2) Test scores
- 3) Number of applicants per place (competition)

### 5.2.3. ASSESSMENT OF STUDY PROCESS AND STUDY OUTCOMES

#### GOALS:

- 1) To assure quality of the study process
- 2) To assure quality of study outcomes

#### PLAN

- To prepare the procedures and rules for assessment of the study process and study outcomes
- To prepare student motivation system
- To prepare student support system

#### DO

- Regulation and rules for studies is worked out
- Motivation system is worked out
- Student support system is worked out
- Tests are prepared

#### CHECK

- The feedback from study process is collected once a year, analysed and compared with expected quality indicators
- The feedback from study outcomes is collected once a year, analysed and compared with expected quality indicators
- Statistics is collected in time about graduates and who have stopped their studies once a year, and it is analysed and compared with expected quality indicators.

#### ACT

- The analysed data is reviewed systematically
- Regulations are updated and the motivation system is integrated
- Students' satisfaction questionnaire are reviewed

**ASSESSMENT TOOLS:** Statistics from feedback, study results, tests, questionnaires and monitoring rules

**MAIN ACTORS IN THE PROCESS:** Quality Office, Academic Council

#### KEY RESULTS:

- 1) Number of graduates who finished on time
- 2) Percentage of students who interrupt their studies
- 3) Students' average results of studies

#### 5.2.4. STUDENT SUPPORT SERVICES

##### GOALS:

- 1) To support and encourage students during their studies

##### PLAN

- To develop student information system (webpage, bulletins, meetings, individual counselling)
- to work out consultation schedule of lecturers
- to work out procedure of reporting complaints

##### DO

- Student information system is developed and checked
- Free time activities are prepared
- consultation schedule of lecturers is worked out and started
- procedure of reporting complaints is worked out

##### CHECK

- The data from students who were advised were collected and analysed once in a semester
- Number of complaints are collected once in a semester
- the consultation schedule of lecturers is available for students

##### ACT

- The analysed data is reviewed systematically
- The corrections and improvements are included to the student Information system

**ASSESSMENT TOOLS:** Student information system ( including - questionnaires, interviews, surveys, statistics)

**MAIN ACTORS IN THE PROCESS:** Sector for Student Support

##### KEY RESULTS:

- 1) Number of students who were advised or number of consultations
- 2) Lecturers' consultation hours
- 3) Number of complaints

### 5.3. RESEARCH, COOPERATION AND DEVELOPMENT

<b>5.3.1. APPLIED RESEARCH</b>	
<b>QUALITY GOAL:</b> <ol style="list-style-type: none"> <li>1) To provide a support and content to learning and training processes in the areas of methods and personnel development in vocational, higher education and in further educational level</li> <li>2) To assure the transfer of new competencies and innovative solutions to KAPS key stakeholders for improvement in national and international level in the area of Internal Security</li> </ol>	
<b>PLAN</b> <ul style="list-style-type: none"> <li>• All research is based and planned according to the needs analyses of all relevant stakeholders</li> <li>• Study materials are based on relevant updated research</li> <li>• Academic staff and students are prepared and trained in applied research</li> <li>• Resources are planned, established and coordinated according to research needs and plans</li> </ul>	<b>DO</b> <ul style="list-style-type: none"> <li>• Needs analyses is done annually with the key stakeholders and research plan is adopted to annual activity plan</li> <li>• New study materials are published according to the needs defined and resources available</li> <li>• Academic culture is promoted through various seminars</li> </ul> <p>Research is refereed, checked and published Necessary recourses are invested for planned research activities</p>
<b>CHECK</b> <ul style="list-style-type: none"> <li>• The fulfilment of research plan is checked at the end of each academic year</li> <li>• All published research is refereed before-hand and ethical norms are checked</li> <li>• All planned research will be assessed with the annual self-evaluation report</li> <li>• Resource usage and availability is checked through financial audit</li> </ul>	<b>ACT</b> <ul style="list-style-type: none"> <li>• Based on self-report results corrective or supportive means of actions are defined by the management board</li> <li>• Individual commence and development proposals are gathered from the academic staff and taken into account for the next annual plan</li> <li>• If necessary, the expected quality indicators or targets will be modified.</li> </ul>
<b>ASSESSMENT TOOLS:</b> Needs analyses report, questionnaire (assessment form) to lecturer, statistics from library, annual work report, student feedback, random checks, peer review, number of references	
<b>MAIN ACTORS IN THE PROCESS:</b> Directorate of Training and Educational Support, Library, Faculty of Public Safety Sciences, Human Resources Department	
<b>KEY RESULTS:</b> <ol style="list-style-type: none"> <li>1) At least 6 academic articles per year</li> <li>2) 100% of planned research activities are covered with resources and published</li> <li>3) Library is equipped with minimum literature to match the training and research needs</li> </ol>	

### 5.3.2. EXTERNAL RELATIONS

#### QUALITY GOAL:

- 1) To increase the institutional capacity and competency flow through strengthening cooperation and establishing new agreements of cooperation with national and international Security and Safety agencies and organizations including local community and stakeholders
- 2) To match the national and international stakeholders expectations (standards) and by fostering cooperation and innovation in the area of Public Safety and Security.

#### PLAN

- All activities (seminars, conferences, trainings etc.) are related to quality goal
- Mobility programs are planned for students and staff of KAPS
- Memorandums of mutual cooperation are planned in close cooperation with stakeholders
- Plan of implementation for best practices is established

#### DO

- KAPS is taking active part in organizing international events-also taking part in relevant external events.
- Mobility plan is established and followed
- List of partners of interest is established and cooperation discussions for agreements launched
- Best practices are systematically gathered shared and implemented.

#### CHECK

- Number of international events/trainings held or supported by KAPS
- Number of staff and student academic or administrative mobility
- Number of memoranda of cooperation with external safety and security organizations and international Agencies
- Number of visits done by international delegations to KAPS

#### ACT

- External relations activity plan will be re-checked.
- Cooperation investment will be stressed, alternative solutions defined.
- Political support will be asked in case of need

**ASSESSMENT TOOLS:** Needs analyses report , employee satisfaction, external relation annual work report, statistics

**MAIN ACTORS IN THE PROCESS:** General Directorate, External Relations Office, Legal department

#### KEY RESULTS:

- 1) There is an increase of international events held in KAPS and also increase for events visited abroad at least 5% annually.
- 2) At least 2 international cooperation's (projects) or agreements annually with external partner training institutions or European agencies

### 5.3.3. DIDACTICAL AND METHODOLOGICAL DEVELOPMENT

#### QUALITY GOAL:

- 1) To increase the effectiveness and efficiency of achieving learning outcomes and research activities in KAPS learning, training and research activities
- 2) To implement new methodology and (didactical) solutions to KAPS learning, training and research activities

#### PLAN

- Method of teaching and assessment is described in the lesson plan (learning and assessment strategy)
- Didactical solutions are worked out for each discipline
- Trainings for academic staff is planned according to needs
- Need for technological support/developments is asked and solutions are planned according with resource possibilities

#### DO

- Lessons are performed with the most suitable methods.
- Didactical solutions for each discipline are implemented
- Nr of training is held in the areas of methodology and didactics.
- New technological solutions are implemented and covered with resources

#### CHECK

- Student satisfaction (methods, didactics) should be within the tolerance indicators.
- Number of pass/failed exams should be within the limits of tolerance.
- Feedback from the stakeholders and peer review.
- Amount of resources invested annually-checked with different audits.
- Number of development projects.

#### ACT

- In case of shortcomings an extra resource is invested or additional training assigned
- Individual approach is addressed when indicators show negative trend.
- Advice from external stakeholders is asked
- Development plan for certain area of discipline are worked out.

**ASSESSMENT TOOLS:** Technical checking, statistics; student satisfaction, employee satisfaction, peer review, random checks

**MAIN ACTORS IN THE PROCESS:** Directorate of Training and Educational Support, Library, Faculty of Public Safety Sciences, Student Support Office, Quality Office

#### KEY RESULTS:

- 1) Each discipline is covered with appropriate didactical solution and technological support
- 2) Student complaints about should not be higher than 5 %
- 3) Pass or failing the subject should be in between tolerance area 70% 1 attempt failing; 90% 2 attempt.

## 5.4. RESOURCE MANAGEMENT

### 5.4.1. FINANCIAL MANAGEMENT

#### GOALS:

- 1) To ensure the functionality and quality of internal services (by collecting information and feedback on satisfaction) for internal partners
- 2) To provide support for the decision-making process concerning financial issues
- 3) To secure reliable and relevant financial information in due time

#### PLAN

- To map the needs of the divisions
- To develop procedure and schedule budget preparation
- To monitor budget limits

#### DO

- The questionnaire is designed and the needs of the services defined
- The requests of the divisions are harmonized
- Data is collected on time for updating the budget

#### CHECK

- The key stakeholder's feedback is collected every second year and the results are analysed and compared with the expected quality indicators
- The norms and frames are checked to be clear and transparent, and compared to the norms and law once a year
- The needs of the divisions and the investment plans are estimated once a year
- The budget process is monitored every six months and the frames are checked
- Targets are analysed once a year

#### ACT

- The analysed data is reviewed
- The feedback questionnaire is improved the monitoring system is improved
- The financial procedure and schedule are updated
- Key persons are informed and advised

**ASSESSMENT TOOLS:** Data collection system, standard forms, feedback questionnaires.

**MAIN ACTORS IN THE PROCESS:** Financial Division, Quality Office.

#### KEY RESULTS:

- 1) The key stakeholders inside the organization are satisfied with the financial support and data
- 2) The financial process is in accordance with national and international norms and law
- 3) Budget limits are followed

## 5.4.2. HUMAN RESOURCES MANAGEMENT

### GOALS:

- 1) To ensure the functionality and quality of the internal services (by collecting information and feedback on satisfaction) for internal partners
- 2) To ensure the availability of skilled and professional staff
- 3) To ensure a legal and equality-based personnel policy (including job satisfaction)

### PLAN

- To map the needs of the staff
- To map the required competences at the organisation
- To define the criteria for personnel recruitment
- To develop procedures and practises for the personnel policy

### DO

- Questionnaires are designed and the needs of the services defined
- Development discussions are analysed and a plan for improvements is made with the co-operation of the management
- The results of the external audit are analysed and a plan for improvements is made
- The procedure for the recruitment process is planned

### CHECK

- The key stakeholder's feedback is collected every second year and the results are analysed and compared with the expected quality indicators
- Job satisfaction is measured once a year and a summary report is made
- The external audit is implemented once a year and the results analysed
- The required competences are analysed and recruitments made

### ACT

- The analysed data is reviewed
- The monitoring system and feedback questionnaires are improved
- The procedure for the personnel policy and recruitment process is improved
- Staff are informed and trained according to the personnel policy
- The management is supported and trained to follow the personnel policy

**ASSESSMENT TOOLS:** Data collection system, feedback questionnaires, development discussions.

**MAIN ACTORS IN THE PROCESS:** Human Resources Division, Quality Office.

### KEY RESULTS:

- 1) The key stakeholders (students, management, agencies) inside and outside the organization are satisfied with the competence and co-operation of staff
- 2) Job satisfaction of the employees is at the desired level
- 3) The personnel policy is transparent, and, for example, norms and practises are clear to all inside the organisation

### 5.4.3. GENERAL SERVICES

#### GOALS:

- 1) To ensure the functionality and quality of internal services (by collecting information and feedback on satisfaction) for internal partners
- 2) To ensure and develop quality and cost-effective facilities for the organisation
- 3) To ensure the quality and cost-effectiveness of the outsourced services

#### PLAN

- To analyse the present facilities and the need for improvements
- To define the priorities of investments and procurements
- To manage services without complaints and interruptions
- To define the procedure for the procurement process

#### DO

- Questionnaires are designed and data collected in time for planning
- Requests from the divisions are received and analysed
- The need for outsourced services is analysed and the criteria for the providers defined

#### CHECK

- The key stakeholder's feedback is collected every second year and the results are analysed and compared with the expected quality indicators
- The feedback from the different sources is collected and a summary made once a year
- Feedback about the outsourced services is collected and the results are analysed and compared with the contracts once a year
- The procedure for investments and procurement is checked once a year

#### ACT

- The analysed data is reviewed
- The monitoring system and feedback questionnaires are improved
- The criteria and plans for investments and procurement are made according to financial framework
- Key stakeholders are informed about the procedure
- Requests from the divisions are meet financial norms and frameworks

**ASSESSMENT TOOLS:** data collection system, feedback questionnaires (in co-operation).

**MAIN ACTORS IN THE PROCESS:** General Services, Student Office, Human Resource Division, Quality Office.

#### KEY RESULTS:

- 1) The key stakeholders (students, staff, management) inside the organization are satisfied with the facilities and services
- 2) The outsourced services are in accordance with the contracts
- 3) The facilities are developed and within the financial norms and framework

#### 5.4.4. IT SERVICES

##### GOALS:

- 1) To ensure the functionality and quality of internal services (by collecting information and feedback on satisfaction) for internal partners
- 2) To ensure the functioning of the IT-services
- 3) To ensure comprehensive and modern IT-services

##### PLAN

- To map the staff needs for software, equipment and training
- To develop procedures and practises to monitor the functionality of IT services
- To set quality standards for the IT services according to national and international levels

##### DO

- Questionnaires are made and data collected on time for planning of services
- The data is collected from records and reported for the planning of improvements
- Competence requirements are defined for the training plan

##### CHECK

- Feedback is collected inside the organisation and analysed and compared with the expected quality indicators every second year
- The report from the automatically recorded data is made, and the results are analysed and compared with the expected quality indicators every six months
- Preparation for investment and procurement is made according to the desired level of the quality standards once a year

##### ACT

- The analysed data is reviewed
- The monitoring system and feedback questionnaires are improved
- Services operate at the desired level according to standards and financial framework
- Input for the training plan is given

**ASSESSMENT TOOLS:** Data collection system, feedback questionnaires, development discussions

**MAIN ACTORS IN THE PROCESS:** IT services, Quality Office, Human Resources Division

##### KEY RESULTS:

- 1) The key stakeholders (students, staff, management) inside the organization are satisfied with the services and equipment
- 2) The secure monitoring system for the functioning of IT services is in operation
- 3) IT services and equipment meet national and (partly) international standards

## APPENDIX I. Strategic Management and Planning

Name of the sub-process	Goals of the sub-process	Indicators (measurable progress definitions towards goal)	Activities (what needs to be accomplished to achieve the goal)	Assessment tools	Frequency of assessment	Assessment criteria	Unit(s) responsible for assessment	Means of action for improvement
<b>Leadership</b>	<b>1) Create and update strategy; 2) Maintain and improve KAPS mandate; 3) Build organization culture; 4) Demonstrate values</b>	1) An existing, up-to-date strategy; 2) Stakeholder satisfaction; 3+4) Employee satisfaction	1) Preparing a strategy, updating regularly; 2) Fulfilling stakeholder expectations, meeting regularly (and often) with each stakeholder; 3+4) Focused, repeated messages from the management to the staff	1) Check; 2) Check; 3+4) Assess	Once a year	1) Max. 1 year since the latest strategy update; 2) No. and frequency of stakeholder meetings (note: not too often!); 3+4) Open evaluation	GD, Management team	Evaluate meeting atmosphere, analyze root causes for possible conflicts. Occasionally use internal satisfaction surveys
<b>Communication</b>	<b>1) Create credibility and reputation for KAPS among the public and the media; 2) Establish and maintain open internal communication culture; 3) Make KAPS known to foreign partners</b>	1) Media visibility; 2) Employer satisfaction; 3a) KAPS memberships in associations; 3b) Bilateral contracts with KAPS	1a) Preparing a communication strategy and plan; 1b) Maintaining active communication towards the media with news bulletins, media briefings, etc.; 2a) Publishing internal news sheets; 2b) Organizing staff briefings; 3a) Joining AEPC, making an agreement with CEPOL; 3b) Preparing bilateral contracts	1a) Check; 1b) Assess; 2) Assess with satisfaction survey; 3a) Check; 3b) List	1a) Once before 2014; 1b) Every 6 months; 2+3) Once a year	1a) An up-to-date communications plan: yes/no; 1b) No. of articles/news with reference to KAPS min. x / each 6 months (in the beginning x>10); 2) Main satisfaction factors above scale average and improving; 3a) AEPC, CEPOL arrangements in place: yes/no; 3b) No. of contracts or MoUs improving	Management team, External Relations Office	Evaluate attitudes in media publicity (positive/neutral/negative), analyze causes
<b>Policy planning</b>	<b>1) Align KAPS with para. 2 of the KAPS law; 2) Build up a solid organizational, managerial and administrative structure for KAPS</b>	1) Implementation of education and training policies; 2) Organization, managerial structure and administration guidelines in place	1) Transferring essential policy guidelines into KAPS plans, programs and curricula; 2) Defining and formally deciding upon KAPS organization, personal duties and responsibilities of members of management and administration	1) Assess; 2) Check	Once a year	1) National legislation (Mol, MoE) implementation level; 2) Formal, updated decisions on organization and management, and administrative staff member job descriptions in place: yes/no	GD, Management team, Legal Office	Evaluate functionality of organization every two to four years
<b>Quality management</b>	<b>1) Ensure that KAPS teaching results fulfil employer requirements; 2) Ensure that KAPS fulfils national and international quality requirements (e.g. ENQA); 3) Maintain continuous improvement momentum within KAPS</b>	1) Employer satisfaction; 2a) Conformity with national and international standards; 2b) Regular QMS reports as evidence of progress; 3) Initiatives for improvement from QMS	1a) Assessing employer requirements and expectations; 1b) Involving employers in planning KAPS education and teaching activities; 2a) Checking applicable standards and requirements; 2b) Defining necessary actions for KAPS and preparing an implementation plan; 3) Designing a system for KAPS to encourage internal initiatives	1) Assess, use satisfaction survey; 2) Check and assess; 3) Check and assess	1) Once every 6 months; 2) Once a year; 3) Once in 2014	1) Meetings held with each agency (4 + 2/yrs.); a documented list of expectations: yes/no; 2) Standards implementation level; 3) Open evaluation: staff initiative system in place and functioning	GD, Management team, Quality Assurance Office	Perform EFQM or CAF self-evaluation in 2014–15, use results to identify needs for improvement (joint exercise for QAO and Management team)

## APPENDIX II. Study Process

Name of the sub-process	Goals of the sub-process	Indicators (measurable progress definitions towards goal)	Activities (what needs to be accomplished to achieve the goal)	Assessment tools	Frequency of assessment	Assessment criteria	Unit(s) responsible for assessment	Means of action for improvement
Curricula development	1) <i>Ensure curriculum outcomes – skills, knowledge and experiences</i>	1) Students' feedback to the subject/course; 2) Employers' feedback to the curriculum; 3) Graduates' feedback to the curriculum	A questionnaire is prepared	Questionnaire, interviews	1) Once a semester; interview , if necessary; 2) Feedback 6 months to one year after graduation; interview 3–6 months after graduation; 3) Graduates' feedback three years after graduation	1) More than 60% are satisfied with the course; 3.0 points on a scale of 1–5; 2) 70% of employers are satisfied with the students (the Academy will prepare the questionnaire); 3) 70% of graduates are on Level B	Quality Assurance Office, Study Department	Feedback is analysed; alternative solutions are developed
	2) <i>Students get a job in their own field of study after graduation</i>	The percentage of graduates who work in the field	Collecting data	Statistics once a year after graduation	Once a year after graduation	80–90% of graduates work in their own field	Quality Assurance Office, Study Department	Reasons of failing are checked and solutions are developed
	3) <i>Update curricula</i>	List of changes from the Department of Curriculum (feedback from students, teachers, employers and alumni, law)	Collecting information on changes that have been made	Feedback	Once a year	Curriculum code change	Quality Assurance Office, Study Department	Curriculum changes are updated
Student admission	1) <i>Assure quality of admissions according to the standards of admission.</i>	Average score of students in admission tests	Preparing tests	Tests, interviews with recruits	Once a year after the admission period	Number of applicants who passed the admission test. The lowest score should not be less than 70 points on a 100-point scale (agreed with KAPS and the Agencies)	Directorate of Training and Educational Support	Tests are updated on a regular basis in cooperation with relevant stakeholders
	2) <i>Ensure a sufficient number of recruits for the start of the academic year</i>	Number of applications	Recruitment activities and communication are finalized and committed	Application statistics	Once a year after the admission period	Number of applicants per place (competition)	Directorate of Training and Educational Support, PR Office	Means and strategies of communication channels are reviewed and updated
Assessment of the study process and study outcomes	1) <i>Assure quality of the study process</i>	1) The percentage (%) of graduates who finish on time (nominal period); 2) The percentage (%) of withdrawals (persons who interrupt their studies); the percentage	1) Preparing regulations or rules for studies: 1a) Preparing a student motivation system (courses, money); 1b) Student support system	Statistics: feedback, study results	1) Once a year; (Nov. 1) 2) Once a year	1) 90% finished on time; 2) 10% in 4 years;	Quality Assurance Office (Head of Quality Assurance Office)	Regulations are updated, the motivation system is integrated
	2) <i>Assure quality of study outcomes</i>	1) Students' average score; 2) Students' satisfaction (see curricula development)	Preparing tests; preparing a questionnaire; monitoring academic staff	Tests, statistics; questionnaires; monitoring rules	Once a year	1) 8.0 points (on a scale of 6–10) – the same result from both students and academic staff	Academic Council	Students' satisfaction questionnaire is reviewed
(including criteria for students, teachers, student support, and	1) <i>Support and encourage students during their studies</i>	1) Number of students who were advised or number of consultations?; 2) Lecturers' consultation hours; 3) Number of complaints	Student information (on webpage, bulletins, meetings, individual counselling); preparing free time activities	Questionnaires, interviews, surveys, statistics	Every semester	Test pass score under 8 points (the number of students who have failed has decreased)	Sector for Student Support	Action plan made

### APPENDIX III. Research, Cooperation and Development

Name of the sub-process	Goals of the sub-process	Indicators (measurable progress definitions towards goal)	Activities (what needs to be accomplished to achieve the goal)	Assessment tools	Frequency of assessment	Assessment criteria	Unit(s) responsible for assessment	Means of action for improvement
Applied research	1) Provide support and content to learning and training processes regarding methods and personnel development in vocational	1) The content of study is based on research	1) Needs analyses for updated literature are conducted annually	1) Needs analysis report; 2) Questionnaire (assessment form) for lecturers	Once a year	90–100% of target group have expressed their needs	RDI in cooperation with QAO	Analysis, action plan, escalation, training
			2) KAPS library is provided with necessary resources (incl. online resources) to fulfil the needs expressed by academic staff	1) Annual work report from library	Once a year	The amount of literature should increase in balance with needs	Directorate of Training and Educational Support, RDI, Library	Plan is improved
			3) Access to relevant databases is organized and granted for students and academic staff	1) Annual work report from library	Once a year	The amount of online resources should increase in balance with needs	Library	Alternative solutions are to be worked out
			4) Research findings are applied to study materials by academic staff	1) Student feedback; 2) Academic staff feedback; 3) Random check by Training	1) and 2) After each academic year; 3) Randomly once a	70% of study material is updated	Faculty for Public Safety Sciences, DTES	Alternative solutions are to be worked out
			5) Seminars about research findings in the field of internal security are organized (for students, KAPS staff and stakeholders)	1) Statistics – seminar evaluations (participants)	After each seminar	At least 1 academic event per year	Research and Development Institute	Reasons of failure are checked and solutions worked out
			6) Research findings, reports, articles (incl. final theses of students) are published and preserved in KAPS library	1) Statistics – annual work report, No. of articles, presentations, media coverage (statistics)	Once a year	At least 6 academic articles per year	Library	AC Board will provide solutions and means of action
		2) Academic staff has received training in the areas of research	1) Academic staff training needs are defined and training sessions provided	1) Training needs analyses compared with training sessions held	At the beginning of each academic year	Training sessions are held in balance with needs expressed and resources available	Human Resources Unit and RDI	Quality of training sessions is checked and improved
			2) All academic staff has demonstrated competencies of applied research (articles, presentations, theses support, study materials etc.)	1) No. of articles, presentations, media coverage (statistics), study material publications, statistics of training sessions held in the area of research for academic staff	Once a year	Attendance of assigned training is at least 80%	Faculty for Public Safety Sciences	Plan is improved
		3) Resource support is given for research activities	1) Research groups are established in order to provide research in their respective area for necessary competency coverage and cooperation	1) Statistics and No. of publications completed by a research group	Once a year	At least 1 article per research group published	RDI, HR	The Academic Board will launch improvement activities
			2) Laboratories for research are established and supported by necessary infrastructure according to budgetary possibilities	1) Staff satisfaction survey	Once a year	Laboratory availability and resources (inventory) are covering at least 60% of research needs	GD, Directorate of General Administration, RDI	Prioritizing amendments will be included in the annual work plan
			3) Necessary time for research is provided and taken into account in work time planning by HR management	1) Staff satisfaction survey; 2) HR annual work report	After each academic year	Workload assigned in balance with effort	HR	Workload of academic staff will be checked by HR
			4) Possibilities for external funding (grants) are used in order to foster research and cooperation	1) Staff satisfaction survey; 2) Budget statistics on research	Once a year	At least 2 international externally funded research projects in progress	External Relations Office, RDI	External consultation might be needed
	2) Ensure the transfer of new competencies and innovative solutions to KAPS key stakeholders for improvements in the field of internal security on national and international level	1) Research activities are based on the needs expressed by key stakeholders	1) Key stakeholders' needs and expectations are systematically gathered and agreed on	1) Needs analyses report	Once a year	At least 50% of research needs	RDI, DTES	The Academic Board and KAPS Management Board will negotiate with agencies
		2) All research has been conducted within time limit and published	1) All research is provided with necessary resources, managed according to conditions expressed by key stakeholders, and published	1) Publication report	Once a year	100% research committed is completed and published	RDI, Library and QAO	If timeframe is not met, extra resources will be established by the Academic Board
		3) All research activities in KAPS are conducted with respect for academic freedom and ethical standards	1) Ethical standards are followed and checked. All articles are reviewed	1) References are given	After each article	100% of articles published are reviewed	Academic Council	Decisions made by the Academic Board

Name of the sub-process	Goals of the sub-process	Indicators (measurable progress definitions towards goal)	List of activities (what needs to be accomplished to achieve the goal)
<b>External Relations</b>	<b>1) Increase institutional capacity and competency flow by strengthening cooperation and establishing new cooperation agreements with national and international security and safety agencies and</b>	1) Number of international events/training sessions held or supported by KAPS (including Kosovo based external partners: OSCE, ICITAP, EU Office in Kosovo, UNICEF, etc.)	1) Participation in international events or organising events in KAPS or in Kosovo; 2) Outcomes of events shared and communicated within the organization
		2) Long-term and short-term academic or administrative mobility of staff and students	1) Procedures of mobility are to be worked out and communicated; 2) Contacts (bilateral, multilateral) are established; 3) Funding possibilities are mapped out; 4) Mobility programmes, projects are launched (Erasmus style)
		3) No. of memoranda of cooperation achieved with external safety and security organizations and international/national agencies.	1) Annual agreement internally and with key stakeholders (prioritizing)
		4) No. of visits made by international delegations to KAPS	1) Prioritized invitation list is worked out annually; 2) Invitations are sent on time
	<b>2) Meet the expectations of national and international stakeholders (standards), and foster cooperation and innovation in the field of public safety and security</b>	1) No. of events organized by external security organisations and agencies, which are coordinated by KAPS with participation by national key stakeholders	1) Stakeholders' needs are analysed and relevant training possibilities provided; 2) The event itself is coordinated by KAPS; 3) Additional funding possibilities are sought and used; 4) Feedback from participants is gathered systematically
		2) No. of imported best practices implemented, coordinated by KAPS and/or implemented by key stakeholders	1) Research about best practices; 2) Participation in relevant events (seminars, conferences, workshops); 3) Implementation plan is designed and launched; 4) Impact check
	[1] Competency Flow – The ability to transfer and adopt external knowledge and skills to organizational needs, as well as internal competencies to external environment		

Name of the sub-process	Goals of the sub-process	Indicators (measurable progress definitions towards goal)	List of activities (what needs to be accomplished to achieve the goal)	Assessment tools	Frequency of assessment	Assessment criteria	Unit(s) responsible for assessment	Means of action for improvement
Didactical and methodological development	<b>1) Increase the effectiveness and efficiency of achieving learning outcomes and research activities in KAPS learning, training and research activities</b>	1) The method of teaching is described in the lesson plan (learning strategy)	1) All lesson plans should be ready and finalized 2 months before start of the academic period; 2) Each learning outcome should be covered by a relevant method; 3) The Head of Curricula has checked and approved each lesson plan 2 months prior to the academic period	Technical checking	Once every academic period	1) 100% lesson plans ready and approved by the Head of Curricula	Directorate of Training and Educational Support (DTES), Faculty for Public Sciences (FPS), Quality Assurance Office (QAO)	Will be escalated to GD
		2) A variety of methods is used depending on the competence and learning outcomes (didactics)	1) The results of student evaluation reflect the suitability of the method (a question targeted in the student survey)	Student evaluation; Interviews with students; Interviews with teachers Teacher evaluation	Once an academic year	No. of complaints by participants should not be higher than 5% per lesson	DTES	Additional training will be assigned based on personal interviews
		3) Teachers receive methodological and didactical training	1) Training needs are systematically gathered; 2) Training sessions are offered/organized by KAPS; 3) Training results are checked/asked for	1) Training needs analyses; 2) The results of the training sessions – learning report to line manager; 3) Training feedback	Once a year	At least 40 hours for less-experienced lecturers and at least 20 hours for experienced teachers in 2 years	Human Resources Unit	The content of training provided to trainers will be re-checked or substituted
		4) Method of assessment is described in the lesson plan (learning strategy)	1) All lesson plans include an assessment strategy, finalized 2 months before the start of the academic period; 2) Each learning outcome should be covered by a relevant assessment method; 3) The Head of Curricula has checked and approved all assessment plans 2 months prior to the academic period	Technical Checking	Once at beginning of the academic year	1) 100% of lesson assessment plans ready and approved by head of Curricula	Directorate of Training and Educational Support (DTES), Faculty for Public Sciences (FPS), Quality Assurance Office	Will be escalated to GD
	<b>2) Apply new methodology and (didactical) solutions to KAPS learning, training and research activities</b>	5) The average proportion (%) of students failing/passing exams/tests	1) Student study progress is systematically monitored and analysed	Student monitoring analyses (in electronic version LMS)	During an academic year	70% pass with 1 attempt; 90% pass with 2 attempts	Sector for Student Support (SSS)	Will be investigated with both actors – reasons are defined and corresponding action taken
		1) Information about the need for new solutions, incl. infrastructure, ICT, and other resources, is collected systematically	1) The need for equipment, ICT solutions is mapped out before each budget year; 2) A priority plan is established and proposed to the annual budget; 3) If resources are available, use and timing will be checked	Needs analyses	Once a year, before a new budget year	100% of planned equipment (with resource coverage)	Information Technology Sector, Joint Services Sector	Reasons are defined and a new plan is made, if necessary
		2) The use and impact of new methodology and technology is analysed systematically	1) Impact and use are checked annually	Impact analyses	Once every three years	100% of invested technology and infrastructure is in use and updated regularly	ITS, FPSS and Quality Assurance Office	If not, reasons are sorted out – lecturers are driven or asked to use new technology
		3) The proportion (%) of resource investment to new and exciting infrastructures, ICT or other areas supporting research and/or training	1) The annual budget will be monitored and checked	Budget auditing	Once every 4 months	At least 30% of the budget	Budget and Finance Sector; Internal Audit Unit	Based on audit results and decisions, issues are addressed by management in the matters of the priority plan
		4) No. of development projects	1) No. of projects is in balance with the availability of resources – will be checked by the Personnel Office; 2) The progress of projects is systematically monitored and managed as planned	1) Resource analyses according to KAPS strategic goals; 2) Project reporting	1) Once a year; 2) During the project	Project capacity is a minimum 20% of KAPS resource capacity	FPSS, Research and Development Institute, External Relations Office, HRU	Persons in charge of the projects need to report GD – solutions will be worked out

## APPENDIX IV. Resource Management

Name of the sub-process	Goals of the sub-process	Indicators (measurable progress definitions towards goal)	List of activities (what needs to be accomplished to achieve the goal)	Assessment tools	Frequency of assessment	Assessment criteria	Unit(s) responsible for assessment	Means of action for improvement
<b>Resource management</b> (common goal for all sub-processes)	<b>1) Ensure functionality and quality of internal services by collecting information and feedback on satisfaction with the services from internal partners</b>	1) Responses to assignments in time; 2) Number of successful responses to assignments; 3) Professionalism of responses	1) Defining the procedure for assignments; 2) Defining most important assignments; 3) Informing internal partners about the procedure; 4) Defining the schedule for different tasks and assignments	Questionnaire on supporting services (as part of some other questionnaire, for example 3–4 questions about these issues)	Every second year	1) Satisfaction with the timing of the service; 2) Satisfaction with the results of the service	Quality Assurance Office	The procedure has been improved
<b>Financial management</b>	<b>1) Provide support in the decision making process concerning financial issues; 2) Secure reliable and relevant financial information in due time</b>	1a) Harmonizing requests; 1b) Monitoring the budget; 1c) Implementing budget activities; 2a) Harmonizing requests; 2b) Scheduling the process	1a) Mapping out the needs of divisions; 1b) Checking budget categories; 1c) Carrying out monetary transactions; 1d) Preparing a financial statement; 2a) Making detailed descriptions of requests; 2b) Calculating costs and limits; 2c) Establishing a detailed schedule for the units; 2c) Setting the priorities for the process	1a) A standard form for preparation of the budget; 1b) Instructions and norms of the budget curriculum; c) An annual schedule; d) Document of the logistic process (invoices and suppliers on time and by right persons); 2a) Observation of instructions; 2b) Checking of the annual schedule	1) Once a year – monitoring points every six months; 2) Once a year	1a) Requests are in compliance with financial norms; 1b) The norms and framework are clear and transparent; 2a) Budget limits are followed	Financial Division	1a) Advising key persons to make qualified requests; 1b) Analyzing gaps and irregular targets when the process and the system are experiencing slowdown; 2a) Arranging budget clinics to observe the budget; 2b) Analyzing gaps and irregular targets when the process and the system are experiencing slowdown
<b>Human resources management</b>	<b>1) Ensure the availability of skilled and professional staff; 2) Ensure legal and equal personnel policy (including job satisfaction)</b>	1a) Assessing work performance; 1b) Analyzing and defining competencies needed; 2a) Formulating practises for the personnel (working hours, sick leave, vacations, assessment criteria, salary principles, etc.); 2b) Awareness of personnel policy; 2c) Job satisfaction	1a) Analysing staff needs; 1b) Defining the criteria for staff recruitment; 1c) Carrying out the recruitment process; 1d) Training the staff; 1e) Implementing a career development process; 2a) Measuring job satisfaction; 2b) Providing guidance and training to heads of department and directors to follow the instructions; 2c) Supporting the heads of department and directors in facing their challenges; 2d) Informing the staff about the personnel policy	1a) Personal plans and development discussions with each employee; 1b) Analysis of competencies needed and evaluation of staff performance; 2a) Personal plans and development discussions with each employee; 2b) Job satisfaction questionnaire	1) Once a year (summary report); 2a) Job satisfaction every second year; 2b) External audit once a year	1a) Educational background; 1b) Work experience; 1c) Qualification of the KAPS; 1d) Feedback within the workplace; 1e) Feedback from agencies (graduated students); 2a) Jobsatisfaction; 2b) General norms and regulations (criteria)	Human Resources Unit	1a) Clarifying the procedure for recruitment; 1b) Producing forms to support the recruitment process based on the competencies needed; 1c) Clarifying the procedure for the assessment of personnel; 1d) Producing forms to support the assessment process based on the competencies needed; 1e) Analysing competencies needed within the organisation and with the stakeholders; 2a) Collecting information concerning personnel into one single source – a handbook (written document or file on the Intranet); 2b) Formulating a training plan for the heads of department and directors
<b>General services</b>	<b>1) Ensure and develop qualitative and cost-effective facilities for the organisation; 2) Ensure the quality and cost-effectiveness of outsourced services</b>	1a) Managing services without complaints and interruptions; 1b) Monitoring feedback and requests; 2a) Monitoring feedback and complaints; 2b) Services are in accordance with contracts	1a) Units/divisions make requests for general services; 1b) Fulfilling requests on time; 1c) Scheduling actions to improve the process; 1d) Preparing the annual procedure for the process; 1e) Defining priorities for investments and procurements; 1f) Informing units; 2a) Defining the procedure for providing services from the markets; 2b) Defining criteria and demands for services; 2c) Asking for offers from service providers; 2d) Monitoring feedback and functioning of chosen services	1a) Annual report on the facilities (problems, improvements)	Report once a year	1a) Requests are in compliance with financial norms; 1b) The norms and framework are clear and transparent; 1c) The priority system is transparent; 2a) Contracts are in compliance with financial norms; 2b) Satisfaction with services	General Services (partly Quality Assurance Office)	1a) Analyzing present facilities in accordance with the requirements; 2) Informing the staff/units about the results of the annual report (priority system, plans, etc.); 3) Clarifying the procedure; 2a) Analyzing present facilities; 2b) Analyzing service providers; 2c) Clarifying the procedure for outsourced services
<b>IT services</b>	<b>1) Ensure the functioning of IT-services; 2) Ensure comprehensive and modern IT-services</b>	1a) Uninterrupted functioning of the system; 1b) Interaction with the staff and students concerning functional problems; 2a) Modern IT-equipment and software; 2b) Competence of personnel and students in using IT	1a) Monitoring the process continuously; 1b) Ensuring a back-up system; 1c) Receiving requests from users; 1d) Solving problems on time according to the priority list; 1e) Keeping a record of requests and responses; 2a) Training the staff and students; 2b) Following national and international trends in the development of IT-systems; 2c) Preparing investments according to quality standards	1a) Software for diagnosing problems; 1b) Reports made on the basis of daily and weekly records; 2a) Development discussions with personnel; 2b) Training program; 2c) Budget plan	1) Every six months; 2) Once a year	1a) No. of received requests; 1b) No. of responses to requests; 1c) Nature of requests; 2a) Minimum national standards; 2b) Satisfaction with personnel; 2c) Satisfaction of stakeholders	IT Services	1a) Analyzing the needs of software and equipment; 1b) Training the staff and students; 1c) Checking the priority of a given service and informing users about it; 1d) Clarifying the process of interaction with users; 1e) Maybe creating an automatic system for receiving requests and recording responses by e-mail; 2a) Analyzing the level of staff skills; 2b) Planning a training program; 2c) Analyzing the equipment and software according to quality standards