ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ

Α Δ Ι Π

ΑΡΧΗ ΔΙΑΣΦΑΛΙΣΗΣ ΚΑΙ ΠΙΣΤΟΠΟΙΗΣΗΣ
ΤΗΣ ΠΟΙΟΤΗΤΑΣ ΣΤΗΝ ΑΝΩΤΑΤΗ ΕΚΠΑΙΔΕΥΣΗ

HELLENIC REPUBLIC

H Q A

HELLENIC QUALITY ASSURANCE
AND ACCREDITATION AGENCY

Accreditation Report

for the Internal Quality Assurance System

(IQAS)

Institution Name: TEI of Crete

Date: 16 December 2018

Report of the Panel appointed by the HQA to undertake the review of the Internal Quality Assurance System (IQAS) of the **TEI of Crete** for the purposes of granting accreditation

TABLE OF CONTENTS

The Accreditation Panel

The Panel responsible for the Accreditation Review of the Internal Quality Assurance System (IQAS) of the Higher Education Institution named: **TEI of Crete** comprised the following five (5) members, drawn from the HQA Register, in accordance with the Law 4009/2011:

1. Prof Nikitas Dimopoulos (Chair)
   University of Victoria, Canada

2. Dr. Konstantinos Salonitis
   Cranfield University, United Kingdom

3. Assoc. Prof George Manganaris
   Cyprus University of Technology, Cyprus

4. Prof. Kypros Pilakoutas
   University of Sheffield, United Kingdom

5. Dr. Demetrios Kazantzis
   Food and Beverage Consultants, Cranston Rhode Island, USA

Review Procedure and Documentation

Please refer briefly to the Panel preparation for the IQAS review, as well as to the documentation provided and considered by the Panel. State the dates and of the site visit and describe the visit schedule and the meetings held. Feel free to mention any additional information regarding the procedure, as appropriate.

The Accreditation Panel (AP) reviewed the documentation provided by Hellenic Quality Assurance and Accreditation Agency (HQA) before convening in Athens. This documentation included documents describing the QA processes in general as applied to the higher educational institutions in Greece, as well as specific documentation pertaining the TEI of Crete.

These documents were:

General Documents

1. Έκθεση Ποιότητας της Ανώτατης Εκπαίδευσης (2017)
2. Accreditation of the Internal Quality Assurance System (IQAS) Guidelines of the Members of the Accreditation Panel
3. MAPPING GRID FOR THE MEMBERS OF THE IQAS ACCREDITATION PANEL
4. ACCREDITATION OF THE INTERNAL QUALITY ASSURANCE SYSTEM ACCREDITATION PANEL BRIEFING
5. Guidelines for Accreditation

Documents pertaining the TEI of Crete

1. External Evaluation Report TEI Crete (2016)
2. Πρόταση Πιστοποίησης του Εσωτερικού Συστήματος Διασφάλισης Ποιότητας του Τεχνολογικού Εκπαιδευτικού Ιδρύματος (Τ.Ε.Ι.) Κρήτης
3. Πρότυπο Εγχειρίδιο Ποιότητας ΕΣΔΠ Τεχνολογικού Εκπαιδευτικού ΤΕΙ Κρήτης (Τ.Ε.Ι.) Κρήτης Ιούλιος 2018
4. Εσωτερικοί κανονισμοί του ΤΕΙ Κρήτης
5. Πολιτική ποιότητας του ΤΕΙ Κρήτης και στοχοθεσία ποιότητας
    a. Προγραμματισμός στόχων
6. Στρατηγικός Επιχειρησιακός Σχεδιασμός του ΤΕΙ Κρήτης
7. ΣΥΣΤΗΜΑ ΔΙΑΧΕΙΡΙΣΗΣ ΔΕΔΟΜΕΝΩΝ ΠΟΙΟΤΗΤΑΣ - ΑΝΑΦΟΡΑ ΙΔΡΥΜΑΤΟΣ (2017)
8. ΣΥΣΤΗΜΑ ΔΙΑΧΕΙΡΙΣΗΣ ΔΕΔΟΜΕΝΩΝ ΠΟΙΟΤΗΤΑΣ - ΑΝΑΦΟΡΑ ΙΔΡΥΜΑΤΟΣ (2018)
9. ΑΝΑΦΟΡΑ ΔΕΙΚΤΩΝ ΠΟΙΟΤΗΤΑΣ &ΔΕΔΟΜΕΝΩΝ ΟΠΕΣΠ
    a. *Ακαδημαϊκό Έτος 2015-16 &*
    b. *Ακαδημαϊκό Έτος 2016-17*

The AP was briefed by Professor Paisidou (President of HQA) and Dr. Besta (Director of HQA) in the afternoon of December 11, 2018. Following the briefing, the AP returned to the hotel where it met to discuss the initial findings and plan for the visit of the TEI of Crete on December 12.

On December 12, the AP flew to Heraklion where it was met at the airport by Dr. Drakakis and Dr. Loulakakis who very kindly provided transportation and drove the AP to its hotel and then to the institution. The AP commenced several meetings with members (constituencies) of the institution to explore the QA processes as implemented. The AP met with the Rector (Prof. Nikolaos Katsarakis) who welcomed it and gave an initial brief of the Institution and the status of its Quality Assurance processes. Following, The AP met with the Rector and vice rectors continuing the discussion of the status of the quality assurance processes at the institution. Following are the names of the Rector and Vice Rectors

- Prof. Nikolaos Katsarakis, Rector
- Prof. Emmanuel Drakakis, Vice-Rector for Academic Affairs and Student Welfare
- Prof. Thrasyvoulos Manios, Vice-Rector for Finance, Planning and Development
- Prof. Nektarios Papadogiannis, Vice-Rector of Administrative Affairs
- Prof. Christos Floros, Vice-Rector for Research and Lifelong Learning

The next meeting was with members of the institution's Unit of Internal Quality Assurance (MODIP) further exploring the details of the quality assurance processes at the institution. The following members of MODIP participated in the meeting:

- Prof. Emmanuel Drakakis, President of MODIP
- Prof. Constantinos Vassilakis, member
- Prof. Constantinos Loulakakis, member
- Prof. Nicolaos Lydakis-Simantiris, member
- Andreas Anastasakis, Lecturer, member
- Nikolaos Rikos, Lecturer, member
- Dr. Antonios Fountoulakis, Educational Staff Representative, member
- Sofia Vardaki, Technical Teaching Assistant Representative, member
- Irini Tzanaki, Administration Staff Representative, member
- Kalliopi Divini, Management Support

At 17:00, the AP met with faculty members and representatives of the Internal Evaluation Groups (OMEA). The AP discussed the interaction of OMEA with MODIP as well as the views of the faculty concerning quality assurance processes. The following members participated in the meeting:

- Prof. Stylianos Papadakis, Dean of School of Management and Economics
- Alexandros Apostolakis, Assist. Prof., Head of Department of Business Administration
- Prof. Giorgos Iatrakis, OMEA
- Prof. Zacharenia Androulaki, Dean of School of Health and Welfare Services
- Prof. George Markakis, Head of Department of Social Work
- George Kritsotakis, Assist. Prof., OMEA
- Ioannis Vardiabasis, Assoc. Prof., Dean of School of Applied Sciences
- Chryssoula Alexandraki, Assist. Prof., Head of Department of Music Technology and Acoustics Engineering
- Eleni Kokkinou, Assoc. Prof., OMEA
- Fotios Mavromatakis, Dean of School of Engineering
- Athanasios Malamos, Assoc. Prof., Head of Department of Informatics Engineering
- Prof. George Kavoulakis, OMEA
- Prof. Philippos Ververidis, Dean of School of Agriculture and Food Technology
- Prof. Dimitrios Goumas, Head of Department of Agriculture Technology

- George Frangiadakis, OMEA

At 16:05, the AP met with the chief administrative officers of the various administration departments. The implementation of the QA processes was discussed and the views of the administrative departments in supporting the QA processes as well as in applying QA in their units was explored. The individuals the AP met were:
- Antonios Pantelakis, Chief administration officer of Department of Student Welfare
- Charalambos Kutrulis, Chief administration officer of Department of Technical Services
- Paraskevi Kutentaki, Chief administration officer of Department of Administration
- Stylianos Michailidis, Chief administration officer of Department of Financial Management
- Garyfalia Giatromanolaki, Chief administration officer of Department of Financial and Logistic Support Unit of Special Account of Research Funds
- Ioannis Papageorgiou, Chief administration officer of Department of Farm Management
- Michalis Panagiotakis, Head of Information and Computer Service Department
- Irene Dimou, Assist. Prof., Academic Director of International Relation Office
- Gareth Owens, Erasmus Institutional Coordinator
- Marianna Alogdianaki, Career Office
- Ioanna Pattakou, Management Support

The AP completed its interviews at 19:15 and the interviews continued the following day (December 13, 2018)

At 9:15, the AP met with 14 undergraduate and Erasmus students and again deliberated issues and perceptions of quality of their studies. At 10:15, the AP met with 12 graduate students and discussed issues and perceptions of quality of their studies. At 11:00, the AP met with 11 alumni and discussed issues and perceptions of quality of their studies.

At noon, the AP met with external stakeholders and explored the impact of the institution and the quality of its programs and graduates as related to local industry and government. The individuals that met with the AP were.
- Grigorios Avraam, Vice-President, Technical Institute of Heraklion Chamber of Commerce and Industry
- Manolis Tzobanakis, ALFA Agrotiki
- Chryssoula Daskalaki, Deputy Director, Region of Crete
- Michail Tzagarakis, Marketing Director, Chalkiadakis SA
- Savvas Spyridopoulos
- Penelope Tzelemi
- Giannis Fragkakis

Institution Profile

Please provide a brief overview of the Institution, with reference to the following: history, academic remit, student population, campus, orientation challenges or any other key background information.

The TEI of Crete was established in 1983. Its goal is to provide advanced technological education. It currently offers 13 programs of undergraduate studies, 15 programs of graduate studies and is in the process of establishing doctoral studies in five disciplines. Currently, doctoral students are co-supervised by faculty in the TEI of Crete and Faculty from other Universities, while their degree is awarded by the university involved, but the research takes place at the TEI of Crete. The TEI of Crete is distributed across Crete. It has campuses in Heraklion, Chania, Rethymno, Agios Nikolaos, and Sitia. The central campus is in Heraklion. The TEI of Crete includes five faculties:

- The School of Management and Economics
- The School of Health and Welfare Services
- The School of Applied Sciences
- The School of Agriculture, Food and Nutrition
- The School of Engineering

The TEI of Crete has 152 faculty members, 111 full time equivalent sessional instructional personnel, 32 technical and laboratory instructors, and 123 members of administrative staff. The total number of students exceeds 12,000. The TEI of Crete is the second largest Higher Educational Institution (in terms of the number of students) in Crete and the fourth largest Technological Educational Institution in Greece.

PART B: COMPLIANCE WITH THE PRINCIPLES

Principle 1: Institution Policy for Quality Assurance

INSTITUTIONS SHOULD APPLY A QUALITY ASSURANCE POLICY AS PART OF THEIR STRATEGIC MANAGEMENT. THIS POLICY SHOULD BE DEVELOPED AND ADJUSTED ACCORDING TO THE INSTITUTIONS' AREAS OF ACTIVITY. IT SHOULD ALSO BE MADE PUBLIC AND IMPLEMENTED BY ALL PARTIES INVOLVED.

The quality assurance policy is the guiding document which sets the operating principles of the Internal Quality Assurance System (IQAS), the principles for the continuous improvement of the Institution, as well as the Institution's obligation for public accountability. It supports the development of quality culture, according to which, all internal stakeholders assume responsibility for quality and engage in quality assurance. This policy has a formal status and is publicly available.

The policy for quality is implemented through:
- *the commitment for compliance with the laws and regulations that govern the Institution;*
- *the establishment, review, redesign and redefinition of quality assurance objectives, that are fully in line with the institutional strategy.*

This policy mainly supports:
- *the organisation of the internal quality assurance system;*
- *the Institution's leadership, departments and other organisational units, individual staff members and students to take on their responsibilities in quality assurance;*
- *the integrity of academic principles and ethics, guarding against discriminations, and encouragement of external stakeholders to be involved in quality assurance;*
- *the continuous improvement of learning and teaching, research and innovation;*
- *the quality assurance of the programmes and their alignment with the relevant HQA Standards;*
- *the effective organisation of services and the development and maintenance of infrastructure;*
- *the allocation and effective management of the necessary resources for the operation of the Institution;*
- *the development and rational allocation of human resources.*

The way in which this policy is designed, approved, implemented, monitored and revised constitutes one of the processes of the internal quality assurance system.

Institution compliance

The Technological Educational Institution of Crete (TEI of Crete) has established its Internal Quality Assurance System (IQAS). This decision was published at the Greek Government Official Gazette (Εφημερίδα της Κυβέρνησης) Αριθμ. 4262/Φ20 Αρ. Φύλλου 2355, June 20, 2018. The TEI of Crete has also published a number of documents pertaining to the policy of the institution concerning the IQAS as well as its strategic goals. These documents are the following

- Πολιτική Ποιότητας ΤΕΙ Κρήτης (Quality Assurance Policy of TEI of Crete)
- Στοχοθεσία Ποιότητας   (Establishing the quality assurance objectives)
- Στρατηγικός & Επιχειρησιακός Προγραμματισμός (Strategic Planning)
- Εγχειρίδιο Ποιότητας ΤΕΙ ΚΡΗΤΗΣ (Quality assurance manual)

- Εσωτερικοί Κανονισμοί (Internal Regulations Manual for TEI Crete)

The Accreditation Panel for the IQAS of the TEI of Crete (AP) in its meetings with the Rector, Vice rectors and MODIP ascertained the unequivocal support and commitment of the administration to the goals of quality assurance. The TEI of Crete has an established set of internal regulations, albeit modeled on the Model Internal Regulations for the operation of Higher Educational Institutes (HEIs) of 2008. Its own attempt to produce an institution-specific set of regulations in 2010 did not receive a final approval from the Ministry of Higher Education.

The TEI of Crete has published a set of eight strategic objectives, and it has mapped these on quality assurance targets and indicators. However, some of these mappings are not as accurate and/or informative as expected. For example, Objective 1 is a very broad objective targeting quality improvements in several areas, including undergraduate studies, graduate programs, the establishment of doctoral programs, and the eventual evolution of the institution to either it (TEI) being absorbed by other Higher Educational Institutions in the area, or its eventual evolution to an autonomous Applied Sciences University with international orientation. Yet the quality assurance targets associated with this objective relate to the improvement of the graduate and postgraduate programs of studies and the only indicators used are (a) the grades of the students and (b) the portion of students who graduate. These indicators are insufficient to cover objective 1 in its entirety and only indirectly measure the quality of the programs offered.

Objective 2 establishes the support of research in all the areas where the Institution is active and showcases the strong fields of cross-area collaboration and applications. However, the quality assurance target associated with this objective focuses on the improvement of research achievements as measured by number of publications, citations and research funding per faculty. These indicators, important as they are, partially cover the institutional strategic objective 2. This strategic objective does not prioritize specific research areas. Furthermore, Objective 2 does not identify any priority research foci.

Objective 4 pertains to internationalization of education and research, but it is mapped on the quality assurance objective of optimizing the utilization of available infrastructure

The Accreditation Panel (AP) confirms the Institution's constituencies (faculty, administration, students, alumni, collaborating industry and local government) are fully supportive of the Institutions goals and spoke enthusiastically of the Institution's programs. The institution plans to incorporate QA and continuous improvement for the whole spectrum of its operations and programs.

This is the initial attempt of establishing a QA policy and its associated processes. Indicative of the initial stages of the process is that MODIP was only allocated secretarial/administrative support very recently. The institution has taken this task very seriously and in a very short period of time (Summer 2018) was able to set the foundations of the QA process. However, although the policy and processes have been designed, not everything is implemented and certainly there was no time for a complete cycle of (a) collecting data, (b) analyzing the results, (c) intervening with changes where warranted.

The AP found that the Institution as a whole has enthusiastically adopted the principle of Quality Assurance. However, it is still in the very early stages of implementation and improvements of the proposed processes are necessary before this being fully implemented.

Panel judgement

Please tick one of the following:

Principle 1: Institution policy for Quality Assurance	
Fully compliant	
Substantially compliant	X
Partially compliant	
Non-compliant	

Panel Recommendations

- The strategic plan needs to be further refined based on SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis and additionally by identifying specific strategic objectives areas that need to be prioritized
- The measurable targets of the quality assurance processes should be aligned with the objectives of the strategic plan

.

Principle 2: Provision and Management of the Necessary Resources

INSTITUTIONS SHOULD ENSURE APPROPRIATE FUNDING FOR LEARNING AND TEACHING ACTIVITIES, RESEARCH, AND ACADEMIC ACTIVITIES IN GENERAL. RELEVANT REGULATIONS SHOULD BE IN PLACE TO ASSURE THAT ADEQUATE INFRASTRUCTURE AND SERVICES FOR TEACHING AND RESEARCH ARE AVAILABLE AND READILY ACCESSIBLE (E.G. CLASSROOMS, LABORATORIES, LIBRAIRIES, IT INFRASRTUCTURE, PROVISION OF FREE MEALS, DORMITORIES, CAREER GUIDANCE AND SOCIAL WELFARE SERVICES, ETC.).

Funding
The Institution ensures adequate funding to cover not only the overhead and operational costs (regular budget and public investment budget) but also costs related to research, innovation and development (Special Account for Research Funds, Property Development and Management Company). The financial planning and the operation of an effective financial management system constitute necessary tools for the full exploitation of the resources.

Infrastructure
Based on the requirements and needs arising during its operation, the Institution has determined ways to define, allocate and maintain all the necessary resources to ensure its smooth and proper functioning, i.e. teaching, research and auxiliary facilities, equipment and software, support facilities (cleaning, transportation, communication) etc. The scope of the IQAS should include a suitable managing and monitoring system to safeguard the infrastructure. Compliance to the internal regulations is also necessary.

Working environment
The Institution ensures -as far as possible- that the working environment has a positive effect on the performance of all members of the academic community (students and staff). Factors that are taken into consideration towards the creation of such a favorable environment are, among others, the sanitary facilities, the lighting/heating/ventilation system, the cleanliness and the overall appearance of the premises, etc. The scope of the IQAS should include an appropriate managing and monitoring system to promote a favorable working environment and to ensure compliance with the existing provisions.

Human resources
The Institution and the academic units are responsible for the human resources development.
The subject areas, as well as the competences and tasks of the staff members are defined by the corresponding job descriptions that are established within the operation scope of each academic or administrative unit. These posts are filled following the requirements set by the law, on the basis of transparent, fair and published processes. The continuous training and evaluation of the staff is considered necessary for the enhancement of the performance, which is recorded and monitored as provided in the context of the IQAS.
The Institution should acknowledge and provide the necessary resources for the implementation of the IQAS, its enhancement and the provision of services that assist the satisfaction of the quality assurance requirements. Moreover, the Institution (Quality Assurance Unit-QAU) should properly organise the administrative structure and staffing of the IQAS, with a clear allocation of competences and tasks to its staff members.

Institution compliance

i) Funding: The financial planning and the financial management system are heavily constrained by the prevailing national and sectorial financial environment. Despite the adverse conditions, the institution succeeds in ensuring to cover operational costs, but also costs related to research

and development of strategic goals. The institution is particularly proficient and efficient in securing and spending funds from the "General Secretariat for Investments & Development". It also boasts to have secured an effective and cost-efficient way of sub-contracting the maintenance of the campus, and, to a limited extend, other technical services. The institution maintains a Financial and Logistic Support Unit of Special Account of Research Funds.

ii) Infrastructure: Several Departments support the institution: Technical Services, Information and Computer Services, and Farm Management, to meet the requirements and needs arising from its operations in compliance with internal and external regulations. The institution is spread over several sites in several cities and locations in Crete. The accreditation panel visited only the main site in Heraklion. The maintenance of the buildings is sub-contracted and given the pre-dominantly old state of the building stock, the estate appears reasonably maintained. The success of the institution in attracting funds from the General Secretariat for Investments & Development is reflected in several relatively new buildings on Campus. The institution operates a well maintained experimental farm that includes several greenhouses. The Technical Services Department initiated the process to achieve Green Label, and Information Services Department made a drive for paperless operation, cutting the reproduction costs by more than 80%.

iii) Working environment*:* The Institution is striving to achieve a working environment that has a positive effect on the performance of all members of the academic community. The campus is well maintained in terms of cleanliness, but much of the building stock is old and in need of modernization. The student cafeteria was noticed for its good environment and provision of good services. The Heraklion campus is enhanced by a variety of green spaces and the presence of the experimental farm. The staff and students interviewed by the panel appeared to enjoy the working environment.

iv) Human resources: The roles of the Academic and Administrative officers are well defined and there is a process for filling the posts following the requirements set by the law. The human resources necessary for the implementation of the IQAS are extensive and there is a well-defined structure for MODIP and OMEAs. The willingness of the staff to participate in the QA process is worthy of mention. The continuous training and evaluation of staff appears to have its own process, but this process is not yet embedded in the context of the IQAS*.*

Panel judgement

Principle 2: Provision & Management of the Necessary Resources	
2.1 Funding	
Fully compliant	**X**
Substantially compliant	
Partially compliant	

Non-compliant	
2.2 Infrastructure	
Fully compliant	**X**
Substantially compliant	
Partially compliant	
Non-compliant	
2.3 Working Environment	
Fully compliant	**X**
Substantially compliant	
Partially compliant	
Non-compliant	
2.4 Human Resources	
Fully compliant	
Substantially compliant	**X**
Partially compliant	
Non-compliant	

Principle 2: Provision & Management of the Necessary Resources (overall)	
Fully compliant	**X**
Substantially compliant	
Partially compliant	
Non-compliant	

Panel Recommendations

- Many of the processes and procedures for the Management of Resources, though available, are not enshrined into the IQAS and it is strongly recommended that these are gradually transferred into the quality manual.
- To increase the provision of funding, the institution could diversify its sources through obtaining funding from industry (through courses, services, joint R&D), alumni (donations, services) and further development of research activities that address the local industry and societal needs.
- The main buildings of the institution at Heraklion are in need of modernization. A modernization plan funded from the EU, the Central and Regional governments could be formulated.
- The institution Estate could be further utilized for external activities for the benefit of academia, industry and society, such as conferences, public events and exhibitions.
- To remove an unused building, presently occupied and used by unknown individuals, which presents a health and fire hazard and liability for the institution

Principle 3: Establishing Goals for Quality Assurance

INSTITUTIONS SHOULD HAVE CLEAR AND EXPLICIT GOALS REGARDING THE ASSURANCE AND CONTINUOUS UPGRADE OF THE QUALITY OF THE OFFERED PROGRAMMES, THE RESEARCH AND INNOVATION ACTIVITIES, AS WELL AS THE SCIENTIFIC AND ADMINISTRATIVE SERVICES. THESE GOALS MAY BE QUALITATIVE OR QUANTITATIVE AND REFLECT THE INSTITUTIONAL STRATEGY.

The Institution's strategy on quality assurance should be translated into time-specific, qualitative and quantitative goals which are regularly monitored, measured and reviewed in the context of the IQAS operation, and following an appropriate procedure.

Examples of quality goals:
- *rise of the average annual graduation rate of the Institution's Undergraduate Programmes to x%;*
- *upgrade of the learning environment through the introduction of digital applications on ....;*
- *improvement of the ratio of scientific publications to teaching staff members to ....;*
- *rise of the total research funding to y%*

The goals are accompanied by a specific action plan for their achievement, and entail the participation of all stakeholders.

Institution compliance

The AP considered a series of available documents, including an updated Strategic plan and progress report and corrective actions that took place based on the weak points that the External Evaluation report identified in 2016. Constructive and sincere conversations took place with the Rectorate, members of MODIP, representatives of faculty members, heads of administrative units, stakeholders, alumni and industrial liaisons regarding the establishment of goals for quality assurance as follows:

- **Study Programmes/ education activities:** Goals have been set up for the increase of the graduation percentage within the time frame of v + 2 years as well as the upgrade of the virtual learning environment. However, further actions are needed to increase attendance in courses and the familiarization with the e-learning environment. The comprehensive questionnaire that is being completed by each student at the end of every semester and per module, needs to be interpreted to improve the quality of teaching and learning outcomes. In addition, other instruments beyond the questionnaires could be used to enhance the quality of the programs.

- **Research & Innovation:** Goals have been set regarding publication record (number of publications), citation record and funding. To enhance research quality in a more holistic manner, further qualitative and quantitative indicators, such as mean impact factor, h-index, number of submitted research proposals as Coordinators, number of patents, participation in International Conferences with oral presentations, industrial collaborations etc. should be included.

- **Administration:** Through the meetings with the Heads of the Administrative Units we realized that they are fully aware that despite the limited resources they established specific goals to further reduce the cost and at the same time to optimize utilization of their human resources. They have also provided excellent ideas to be incorporated into the strategic plan of the Institution.

- **Resources**: Through the meetings with the Rectorate, we have realized their efforts to absorb additional funding besides state support. Specific infrastructure needs have been met through Regional non-competitive funds.

Panel judgement

Principle 3: Establishing Goals for Quality Assurance	
3.1 Study Programmes/ education activities	
Fully compliant	
Substantially compliant	X
Partially compliant	
Non-compliant	
3.2 Research & Innovation	
Fully compliant	
Substantially compliant	
Partially compliant	X
Non-compliant	
3.3 Administration (funding, human resources, infrastructure management)	
Fully compliant	X
Substantially compliant	
Partially compliant	
Non-compliant	
3.4 Resources (funding, human resources, infrastructure)	
Fully compliant	
Substantially compliant	X
Partially compliant	
Non-compliant	

Principle 3: Establishing Goals for Quality Assurance (overall)	
Fully compliant	
Substantially compliant	X
Partially compliant	
Non-compliant	

Panel Recommendations

- the development of qualitative and quantitative indexes/goals for (1) education, (2) research and innovation (3) administration services
- the development of an updated strategic plan with special reference to a consolidated set of institution-wide goals and priorities and the newly developed postgraduate programs
- the set-up of clearly defined and well justified key performance indicators to be indicated in the forthcoming Accreditation Reports of the Institution
- the transmission and communication of goal-setting targets from MODIP and Rectorate downstream to Departments' Faculty members, administrative personnel and students as a whole.

Principle 4: Structure, Organisation and Operation of the IQAS

INSTITUTIONS SET UP AND ESTABLISH AN INTERNAL QUALITY ASSURANCE SYSTEM, WHICH INCLUDES PROCESSES AND PROCEDURES COVERING ALL AREAS OF ACADEMIC ACTIVITIES AND FUNCTIONS. SPECIAL FOCUS IS GIVEN ON THE QUALITY OF TEACHING AND LEARNING, INCLUDING THE LEARNING ENVIRONMENT, RESEARCH, INNOVATION AND GOVERNANCE.

The key goal of the internal quality assurance system (IQAS) is the development, effective operation and continuous improvement of the whole range of the Institution's activities, and particularly, of teaching, research, innovation, governance and relevant services, according to the international practices - especially those of the European Higher Education Area - and the HQA principles and guidelines described in these Standards.

Structure and organisation

In each Institution, the Quality Assurance Unit (QAU) holds the responsibility for the administration and management of the IQAS. The QAU is set up according to the existing legislative framework and is responsible for:

- *the development of specialised policy, strategy and relevant processes towards the continuous improvement of the quality of the Institution's work and provisions;*
- *the organisation, operation and continuous improvement of the Institution's internal quality assurance system;*
- *the coordination and support of the evaluation process of the Institution's academic units and other services, and;*
- *the support of the external evaluation and accreditation process of the Institution's programmes and internal quality assurance system in the context of the HQA principles and guidelines.*

The Institution's IQAS and its implementation processes are determined by the decisions of the competent bodies, as provided by the law, and are published in the Government Gazette, as well as on the Institution's website. The above are reviewed every six years, at the latest.

To achieve the above goals, the QAU collaborates with HQA, develops and maintains a management information system to store the evaluation data, which are periodically submitted to HQA, according to the latter's instructions. The QAU is responsible for the systematic monitoring of the evaluation process and for the publication of evaluation-related procedures and their results on the Institution's website.

The QAU structure has been approved by the Institution's competent bodies, as provided by the law, while all competences and tasks accruing from this structure are clearly defined.

Operation

The Institution takes action for the design, establishment, implementation, audit and maintenance of the Internal Quality Assurance System (IQAS), taking into account the Standards' requirements, while making any necessary amendments to ensure fitness to achieve its aims.

The above actions include:

- o *provision of all necessary processes and procedures for the successful operation of the IQAS, as well as implementation of the above processes and procedures on all of the Institution's parties involved ;the Institution's areas of activity can constitute the IQAS processes, e.g. teaching, research and innovation, governance, services etc. An IQAS process is an area of activity including data input, data processing and outputs. A procedure defines the way an action is implemented and includes a course of stages or steps, e.g. the curriculum design procedure;*
- o *determination of how the IQAS procedures / processes are audited, measured and assessed, and how they interact;*
- o *provision of all necessary resources to enable the IQAS function.*

> *Documentation*
>
> *The IQAS documentation includes, among other things, a series of key documents demonstrating its structure and organisation, such as the Quality Manual, which describes how the Standards' requirements are met.*
>
> *The Annexes of the Quality Manual include:*
>
> - *the Quality Policy and the Quality Assurance Objectives;*
> - *the necessary written Procedures, along with the entailed forms;*
> - *the necessary Guides, External Documents (e.g. pertinent legislation), as well as any other supporting data;*
> - *the standing organisational structure of the QAU, with a detailed description of the competences, the required qualifications and the goals for each post. The organisational chart is structured in a manner that ensures that the IQAS organisational requirements are fully and properly met.*

Institution compliance

i) Structure and organization: MODIP, the Quality Assurance Unit (QUA) of the institution has been established in accordance with the existing legislative framework and the provisions of HQA. The institution's IQAS and its implementation processes were determined by decisions of the appropriate institutional competent bodies, as provided by the law, and were published in the Government Gazette on June20th 2018 (no 2355), as well as on the Institution's web site (https://www.teicrete.gr/el/modip accessed 11/12/18). MODIP collaborates with HQA and has established a management information system to gather the required evaluation data, which were submitted to HQA for the years 2015-16 and 2016-17. Details of the inputs were not available to the panel prior to the visit and their validity could not been established. MODIP has initiated the development of a specialized policy, strategy and relevant processes towards the continuous improvement of the quality of the Institution's work and provisions. However, this procedure is under development and does not explain how in the process the KPI will be exploited to ensure the improvement of quality. MODIP is effective in coordinating and supporting the internal quality assurance of the Institution's academic units and other services, and the enthusiasm of these units, evident through their participation and discussions with the panel, is worth noting. MODIP supports the external evaluation and accreditation process of the Institution's programmes and internal quality assurance system in the context of the HQA principles and guidelines. MODIP has developed a Quality Manual in accordance to the prototype provided by HQA. However, this manual has not been sufficiently customized to the needs of the institution and no additional processes, many of which already exist, have been incorporated in the manual as yet. The QUA organizational structure as presented to the panel meets the overall goals of the IQAS. MODIP is presided by a Vice-Rector and supported by a Manager. It comprises representatives from the Schools and all types of staff, but has no student representation. OMEA have been established under MODIP at the Departmental level.

ii) Operation & Documentation: The institution has taken action to establish and implement the IQAS, with adequate resources. Through the Quality Manual the IQAS defines what are processes and procedures and the overall areas of activity. The IQAS process in each area of activity consists of data input, data processing and quantitative outputs. The procedures for the

audit of the system are not evident. The existing procedures in each area of activity have not yet been integrated in the Quality Manual.

Panel judgement

Principle 4: Structure, Organization and Operation of the IQAS	
Fully compliant	
Substantially compliant	**X**
Partially compliant	
Non-compliant	

Panel Recommendations

- MODIP should examine the KPIs and the results of the internal evaluation and develop the process on how these will be used for the continuous improvement of quality.
- It is recommended that the student body is represented in MODIP as well as OMEA.
- The Quality Manual should gradually integrate and streamline the existing procedures and processes in each area of activity.

Principle 5: Self-Assessment

THE INTERNAL QUALITY ASSURANCE SYSTEM COMPRISES PROCEDURES PROVIDING THE IMPLEMENTATION OF THE ANNUAL SELF-ASSESSMENT OF THE INSTITUTION'S ACADEMIC AND ADMINISTRATIVE UNITS, ADDRESSING AREAS OF OVERSIGHTS OR SHORTCOMINGS, AND DEFINING REMEDIAL ACTIONS TOWARDS THE ACHIEVEMENT OF THE SET GOALS, AND EVENTUAL IMPROVEMENT.

The QAU conducts, on an annual basis, a self-assessment of the IQAS, following the written procedure provided for each area of activity, which is implemented by a certain academic or administrative unit, as appropriate. The procedure determines the timing, the participants, the data under consideration, and the expected outcomes. The self-assessment aims at a final estimation of the suitability of the IQAS in force, as well as at basing decisions concerning the necessary remedial or precautionary actions for improvement.

The data considered in the context of the self-assessment of a programme may, for example, include:

- *students performance;*
- *feedback from students / teaching staff;*
- *assessment of learning outcomes;*
- *graduation rates;*
- *feedback from the evaluation of the facilities / learning environment;*
- *report of any remedial or precautionary actions undertaken;*
- *suggestions for improvement.*

The outcomes of the self-assessment are recorded in internal reports drawn up by the QAU. The reports identify any areas of deviation or non-compliance with the Standards, and are communicated to the interested parties (if appropriate). The Institution's resolutions concerning any modification, compliance, or enhancement of the IQAS operation might include actions related to:

- *the upgrade of the IQAS and the pertinent processes;*
- *the upgrade of the services offered to the students;*
- *the reallocation of resources;*
- *the introduction of new quality goals, etc.*

The outcomes of the self-assessment are recorded and, along with the source data, are archived as quality files.

A special procedure is followed for the compliance check of newly launched programmes (of all three cycles), or programmes that are to be reviewed shortly, prior to the institutional approval of the programme.

Institution compliance

Principle 5 (Self Assessment) is addressed as process 4 within TEI of Crete Quality Assurance Manual (QAM). The process is explained in detail highlighting two main procedures, i. the internal annual self-assessment of the institution's academic and internal administration as well as, ii. the review and assessment of the IQAS. The QAM clearly indicates the timing, the intended participants, the input data that are to be considered, and the expected outcomes. More information per procedure is detailed hereafter:

i) internal annual assessment of institution's academic and internal administration: QAU is well established and have a clear understanding of the procedures highlighted in QAM. QAM clearly explains who is responsible for the various actions, how the data are captured and the sources of the relevant data. However, the analysis of the data and data archiving is not fully explained. In terms of data analysis, the QAM does not indicate the type of analysis (e.g. statistical, benchmarking, RCA etc.) to be undertaken nor the events that trigger further actions. In terms of data storage, QAM does not describe where and for how long are to be archived. Indicatively, feedback from students is collected regularly for each module as well as after students' graduation, by using questionnaires that are based on the template provided by ADIP. Although data are analyzed by OMEA, and then presented in each department's general assembly, it is not documented how actions are triggered. Furthermore, the process for the results to be communicated to the stakeholders (including students) is not explained. The outcome of this analysis and discussion are documented at the meeting minutes of the general assembly, however this might pose an administrative issue for MODIP to access the data. In general, gathering feedback from students is well established and practiced within the institution. However, the process for collecting feedback from academic and administration units is not specified. There is a web-based system for issuing e-tickets when reporting issues, but this is about handling technical issues rather than collecting input after reflection as part of a self-reflection exercise.

ii) Review and assessment of the IQAS: The process of reviewing and updating of the IQAS is clearly explained. Since the IQAS has just recently been established, the efficiency of the process highlighted cannot be assessed. However, the procedures indicated are clear and fit for purpose. The IQAS submitted does not describe the procedures for compliance check of newly launched programmes. Since the institution has been granted the right to establish doctoral program for the first time, this should be integrated into the QAM.

Panel judgement

Principle 5: Self-Assessment	
Fully compliant	
Substantially compliant	**X**
Partially compliant	
Non-compliant	

Panel Recommendations

- Data analysis as well as actions triggering events to be highlighted
- Identify data ownership as well as processes for archiving all MODIP related data within MODIP
- Integrate procedures on the academic and administration units self-assessment
- Integrate procedure for compliance check of newly launched programmes

Principle 6: Collection of Quality Data: Measuring, Analysis and Improvement

INSTITUTIONS ARE FULLY RESPONSIBLE FOR THE COLLECTION, ANALYSIS AND USE OF INFORMATION IN AN INTEGRATED, FUNCTIONAL AND READILY ACCESSIBLE MANNER, AIMING AT THE EFFECTIVE MANAGEMENT OF THE QUALITY DATA RELATED TO TEACHING, RESEARCH AND OTHER ACADEMIC ACTIVITIES, AS WELL AS OF THOSE RELATED TO THE ADMINISTRATION.

> *The QAU should establish and operate an information system to manage the data required for the implementation of the Internal Quality Assurance System.*
>
> *The QAU measures and monitors the performance of the various activities of the Institution, through appropriate procedures established in the context of the IQAS structure, and assesses their level of effectiveness. The measuring and monitoring is conducted on a basis of indices and data provided by HQA in the pertinent guidelines and forms, which are part of the National Information System for Quality Assurance in Higher Education (NISQA). These measurements may concern: the size of the student body, the size of the teaching and administrative staff, the infrastructure, the structural components of the curricula, students' performance, research activity performance, financial data, feedback on student and faculty satisfaction surveys, data related to the teaching and research activity, services, infrastructure, etc.*
>
> *The QAU makes use of the figures and presents the results for consideration using statistical analysis. Outcomes are displayed through histograms and charts. This sort of information is used by the Institution for decision making, at all levels, pursuing improvement, as well as for setting, monitoring, assessing and reviewing the Institution's strategic and operational goals.*

Institution compliance

The TEI of Crete supplied an extensive set of indicators covering two academic years i.e. 2015-2016 and 2016-2017. Additionally, they have provided the data these indicators were derived from. These indicators cover education, research, funding, human resources, infrastructures and services. However, there are areas which are not covered by these indicators. For example, the only indicators pertaining to undergraduate studies are the ones that track graduation rates, gender balance of the student body, average graduation grades etc. Although these give a good picture of the composition of the student body, they do not provide any information as to whether the programs of study achieve their educational objectives. Even more importantly, absent are any indicators pertaining to student placement after graduation, student and alumni satisfaction with their program of study etc.

In a similar manner, the research and development indicators focus mostly on the standard metrics of research productivity and research funding. Indicators studying the effect of the institution on commercialization e.g. number of spinoffs, number of licenses, number of industrial contracts, etc., need to be included. All these indicators should be systematically analyzed. For example how have values of the indicators evolved over the years? Has the institution chosen a "basket of comparable institutions" it wants to compare itself to? The Institution can introduce its own indicators, and certain departments (e.g. Nursing Department and Department of Electronic Engineering) have indeed done so and they even closed the loop through altering their program.

Some of the service departments have already developed their own processes. Financial Services, for example, is in the process of becoming ISO certified.

Panel judgement

Principle 6: Collection of Data: Measuring, Analysis & Improvement	
6.1 Study Programmes / education activities	
Fully compliant	
Substantially compliant	
Partially compliant	X
Non-compliant	
6.2 Research & Innovation	
Fully compliant	
Substantially compliant	
Partially compliant	X
Non-compliant	
6.3 Activities related to the administration (funding, human resources, infrastructure management)	
Fully compliant	
Substantially compliant	X
Partially compliant	
Non-compliant	
6.4 Human Resources	
Fully compliant	
Substantially compliant	X
Partially compliant	
Non-compliant	

Principle 6: Collection of Data: Measuring, Analysis & Improvement (overall)	
Fully compliant	
Substantially compliant	X
Partially compliant	
Non-compliant	

Panel Recommendations

- provide an analysis of the data it has collected and to expand the indicators it collects to reflect other important areas of activity it needs to track and evaluate
- establish a "basket of comparable" institutions it needs to compare itself to, or aspire to emulate

Principle 7: Public Information

INSTITUTIONS SHOULD PUBLISH INFORMATION ABOUT THEIR TEACHING AND ACADEMIC ACTIVITIES IN A DIRECT AND ACCESSIBLE MANNER. ALL PERTINENT INFORMATION SHOULD BE UP-TO-DATE, CLEAR AND OBJECTIVE.

The QAU publishes data related to IQAS structure, organisation and operation. Furthermore, the QAU publishes data pertinent to the institutional quality policy and objectives, as well as information and data relevant to the Institution's internal and external evaluation. In the context of the self-assessment process, the QAU verifies that adequate information regarding the teaching activities and, particularly, the programmes' profile and the overall institutional activity is publicly available. QAU makes recommendations for improvement, where appropriate.

Institution compliance

All pertinent information concerning teaching, research and academics is clearly presented. All descriptions of coursework are objectively presented in a clear manner in undergraduate and post graduate programs of study. All curricula, course outlines and timetables are posted on the websites of each department. Curriculum vitae of all faculty members are also available on the related website. It would be more efficient if a uniform template following European standards describing CVs of faculty is used for presentation of information. There is a paperless process that informs students from the application steps to course outlines, degrees awarded, fees and all information that a student requires for their academic needs. All internal and external evaluation reports of TEI of Crete are easily accessible through their website, clearly stated and updated regularly.

Panel judgement

Principle 7: Public Information	
Fully compliant	X
Substantially compliant	
Partially compliant	
Non-compliant	

Panel Recommendations

- A uniform presentation of faculty CVs appearing on websites of departments is recommended to follow a template using European Standards (i.e. Europass).
- TEI's website needs to be more user friendly.

Principle 8: External Evaluation and Accreditation of the IQAS

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

External quality assurance, in the case in point external evaluation aiming at accreditation, may act as a means of verification of the effectiveness of the Institution's internal quality assurance, and as a catalyst for improvement, while opening new perspectives. Additionally, it can provide information with a view to public acknowledgement of the positive course of the Institution's activities.

The Higher Education Institutions engage in periodic external quality assurance which is conducted taking into consideration any special requirements set by the legislation governing the operation of the Institutions and their academic units.

Quality assurance, in this case accreditation, is an on-going process that does not end with the external feedback, or report or its follow-up process within the Institution. Therefore, Institutions ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

Institution compliance

The TEI of Crete has undergone an external evaluation of 2016 by an international committee of experts. The current quality assurance accreditation is the first one for the institution. All faculty and staff members are well aware of the importance and the purpose of the IQAS, the external review and its contribution in the improvement of overall quality. The TEI of Crete has drafted and submitted a follow-up report in response to the last institutions evaluation by HQA. A sufficient number of external stakeholders, both industrial and governance, are actively engaged with high interest in joint activities with several Departments of the TEI. It is worth noting, that the Institution has already organized exceptionally well attended workshops aligned with local stakeholders. During the meeting with external stakeholders, they expressed their strong support for the Institution and their eagerness to participate in joint initiatives.

Panel judgement

Principle 8: External Evaluation & Accreditation of the IQAS	
Fully compliant	**X**
Substantially compliant	
Partially compliant	
Non-compliant	

Panel Recommendations

Please provide your recommendations with regard to issues that need to be addressed, as appropriate.

PART C: CONCLUSIONS

The AP finds that MODIP within a limited time frame managed to collect all the necessary data and satisfactorily addressed many of the requirements of the Internal Assurance System. Emphasis so far has practically been given to data collection rather than downstream actions such as correctional actions, while goal-setting does not appear to be substantiated or justified in detail. Data interpretation and setting of specific goals is lacking as is a SWOT analysis that would define clear strategic plan objectives. Rectorate and MODIP demonstrated their willingness to collaborate and assist in the accreditation procedure and they are fully committed to take all the necessary actions to further develop the IQAS. The external evaluation of TEI of Crete carried out in 2016 resulted in a number recommendations that have been substantially implemented. Overall, the Accreditation Panel recognize the sincere efforts of MODIP and Departmental OMEA and encourages the continuation and intensification of the process.

I. Features of Good Practice

- *The development of student evaluation form surveys, including an exit questionnaire to get feedback from graduating students*
- *The establishment of an e-class platform for data processing and analysis - The students praised the flexible way of delivery, the good communication and good electronic platforms.*
- *The comradery among faculty members and dissemination of good vibes to all students and graduates*
- *Targeted Seminars to identify the needs of Specific industries.*
- *Extensive interaction with specific industrial sectors of local importance including agriculture, tourism and health.*
- *The students praised the friendliness and approachability of staff whom they consider to be well experienced in their respective fields.*
- *Overall the students are happy with the teaching provision and educational culture of the Institution.*
- *The administrative units felt that they can make an impact on institutional strategy and gave examples where they made such an impact including, Greek Label, European University, Improvements/Developments of new Estate and Halls of Residence, Paperless operation and Support for student services.*

II. Areas of Weakness

- *Excessive per faculty member teaching loads*
- *The procedure for engaging internal and external stakeholders to review and develop existing and/or proposed course offers is not sufficient.*
- *Process for identification of industry needs is not formalized.*
- *There is no teaching and research development training program for faculty members*
- *There is no induction and mentoring for new faculty members*

- *The TEI graduates state that there is discrimination against them in certain sectors regarding appointments and promotions.*
- *Students do not receive feedback from their evaluations of courses.*
- *There is low attendance in classes, and high average year of graduation.*
- *Students are not involved in the QA process.*
- *The students feel that there are different cultures to their approach to quality and procedures in different departments.*
- *The student body appeared fractured and its Democratic institutions dysfunctional.*

III. Recommendations for Follow-up Actions

- **Principle 1**
  - The strategic plan needs to be further refined based on SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis and additionally by identifying specific strategic objectives areas that need to be prioritized
  - The measurable targets of the quality assurance processes should be aligned with the objectives of the strategic plan

- **Principle 2**
  - Many of the processes and procedures for the Management of Resources, though available, are not enshrined into the IQAS and it is strongly recommended that these are gradually transferred into the quality manual.
  - To increase the provision of funding, the institution could diversify its sources through mining funding from industry (though courses, services, joint R&D), alumni (donations, services) and further development of research activities that address the local industry and societal needs.
  - The main buildings of the institution at Heraklion are in need of modernization. A modernization plan funded from the EU, the Central and Regional governments could be formulated.
  - The institution Estate could be further utilized for external activities for the benefit of academia, industry and society, such as conferences, public events and exhibitions.
  - To remove an unused building, presently occupied and used by unknown individuals, which presents a health and fire hazard and liability for the institution

- **Principle 3**
  - the development of qualitative and quantitative indexes/goals for (1) education, (2) research and innovation (3) administration services,
  - the development of an updated strategic plan with special reference to consolidated set of institution-wide goals and priorities and the newly developed postgraduate programs

- o the set-up of clearly defined and well justified key performance indicators to be indicated in the forthcoming Accreditation Reports of the Institution
  - o the transmission and communication of goal-setting targets from MODIP and Rectorate downstream to Departments' Faculty members, administrative personnel and students as a whole.
- **Principle 4**
  - o MODIP should examine the KPI and the results of the internal evaluation and develop the process on how these will be used for the continuous improvement of quality.
  - o It is recommended that the student body is represented in MODIP as well as OMEA.
  - o The Quality Manual should gradually integrate and streamline the existing procedures and processes in each area of activity.
- **Principle 5**
  - o Data analysis as well as actions triggering events to be highlighted
  - o Identify data ownership as well as processes for archiving all MODIP related data within MODIP
  - o Integrate procedures on the academic and administration units self-assessment
  - o Integrate procedure for compliance check of newly launched programmes
- **Principle 6**
  - o provide an analysis of the data it has collected and to expand the indicators it collects to reflect other important areas of activity it needs to track and evaluate
  - o establish a "basket of comparable" institutions it needs to compare itself to, or aspire to emulate
- **Principle 7**
  - o A uniform presentation of faculty CVs appearing on websites of departments is recommended to follow a template using European Standards (i.e. Europass).
  - o TEI's website needs to be more user friendly.
- **General cross-principle recommendations**
  - o The development of a plan and a timeline for improvement and maintenance of the infrastructure of building exteriors and grounds
  - o The TEI's website needs to be more user friendly
  - o Post graduate programmes should be funded by the government or outside grants, fellowships or any other sources so students can concentrate better in their research and academic endeavors.
  - o A quest from improvements in international rankings should also be a goal to attract both students and faculty.
  - o The work on the unknowns and/or knowns of the disk of Phaestos should be widely distributed in the international media relentlessly.

IV. Summary & Overall Assessment

The Principles where full compliance has been achieved are: 3

The Principles where substantial compliance has been achieved are: 5

The Principles where partial compliance has been achieved are:0

The Principles where failure of compliance was identified are: 0

Overall Judgement	
Fully compliant	
Substantially compliant	X
Partially compliant	
Non-compliant	

The members of the Accreditation Panel

Name and Surname

1. Prof Nikitas Dimopoulos
University of Victoria, Canada

2. Dr Konstantinos Salonitis
Cranfield University, United Kingdom

3. Assoc. Prof George Manganaris
Cyprus University of Technology, Limassol, Cyprus

4. Prof Kypros Pilakoutas
University of Sheffield, United Kingdom

5. Dr Demetrios Kazantzis
Food and Beverage Consultants, Cranston Rhode Island, USA