



ANNEX XVI

Translation of the QAS Procedures.

(Official documents only available in Spanish. This is a translation in English of the main text of the procedures using Google Translator).



The QAS is organized by four type of procedures:

1. **Institutional Procedures (16)** depending of the Rectorate Team and published in the Website of the ULPGC Vice-Rectorate of Quality ([link](#)). In every procedure there is a description of the responsible of the procedure and the documentation file.
 - [PI01](#) - Definition, Implementation and Monitoring of the Strategic Plan
 - [PI03](#) - Recruitment and Selection of the Academic Staff
 - [PI04](#) - Recruitment and Selection of Support Staff
 - [PI05](#) - Training of the Academic Staff
 - [PI06](#) - Training of the Support Staff
 - [PI07](#) - Assessment of the Quality of the Teaching Activity and the Academic Staff
 - [PI08](#) - Material Resources Management
 - [PI09](#) - General and Social Services
 - [PI10](#) - Selection, Admission and Enrolment of Students
 - [PI11](#) - Management and Processing of the Official of the ULPGC Degrees
 - [PI12](#) - Management of Complaints, Suggestions and Congratulations
 - [PI13](#) - Monitoring of accessing to the job market
 - [PI14](#) - Design or Modification of the Official Curriculum Offer
 - [PI15](#) - Design of the ULPGC Degrees (non-officials)
 - [PI16](#) – Surveys and Measurement of the Satisfaction
 - [PI17](#) - Institutional Audit
2. **Strategic Procedure (PEC01)** whose responsible is the Dean, and related to the definition of the Quality policy and objectives.
 - [PEC01](#) - Preparation and revision of the Quality policy.
3. **Key procedures (8)** whose responsible are the dean and vice-deans:
 - [PCC01](#) - Definition of the student's income and recruitment profile.
 - [PCC02](#) - Planning of the Academic Activities
 - [PCC03](#) - Student Orientation
 - [PCC04](#) - Student Exchange Program (mobility)
 - [PCC05](#) - Development of teaching and assessment of students
 - [PCC06](#) - Management of the Final Degree Project
 - [PCC07](#) - Management of External Practical Training (EPT)
 - [PCC08](#) - Public information
4. **Support procedures (9)** whose responsible are the dean, vice-deans and faculty manager.
 - [PAC01](#) - Management of QAS documents
 - [PAC02](#) - Material Resources Management
 - [PAC03](#) - Management of Services
 - [PAC04](#) - Management of Extinction of the curriculum
 - [PAC05](#) - Selection and admission of students (only postgraduate)
 - [PAC06](#) - Management of academic incidences
 - [PAC07](#) - Measurement of satisfaction, expectations and needs
 - [PAC08](#) - Analysis of results and rendering of accounts
 - [PAC09](#) - Management of non-conformities





PI-01 INSTITUTIONAL PROCEDURE FOR THE DEFINITION, IMPLEMENTATION AND MONITORING OF THE STRATEGIC PLAN OF THE UNIVERSITY OF LAS PALMAS DE GRAN CANARIA

RESPONSIBLE: VICE RECTORATE WITH COMPETENCES IN INSTITUTIONAL COORDINATION

1. PURPOSE

The purpose of this procedure is to document and establish the processes by which the preparation and revision of the Strategic Plan of the University of Las Palmas de Gran Canaria (ULPGC) is carried out, with the purpose of guaranteeing the improvement in higher education, research, staff and support for students.

2. SCOPE

The ULPGC Strategic Plan affects all the staff and students of the University and its design is applied every four years, its implementation and monitoring is applied annually.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Not applicable

5. DEVELOPMENT OF THE PROCEDURE

5.1. Design of the Strategic Plan

The Government Team of the University is the one who takes the decision to elaborate a strategic plan and the Vice-Rector with competences in Institutional Coordination appoints the members of the design team of the strategic plan.

The design team initiates a process of analysis on the situation of the institution in all its areas (university education that develops, research, personnel and services). In this process, the opinion of the different interest groups (government teams, teaching and research staff, administration and service staff, students, external agents, etc.) is considered. Likewise, the results of the implementation of the previous strategic plan and the guidelines and strategies in matters of higher education, research and national and international autonomous services are taken as reference.

After this initial evaluation, the design team prepares a strategic plan proposal that should integrate the mission, vision, values, lines of action and objectives of the University for the following four years. This proposal must be disseminated and open a period of public exposure. During this period, any interested person may perform the contributions that it considers opportune. Once the contributions have been analysed, the design team draws up the final proposal that is subsequently approved by the Governing Council of the University and, subsequently, by the Social Council of the University.

The strategic plan of the university is publicly disseminated, among others, through the institutional website of the university.

5.2. Implementation of the Strategic Plan

The Vice-Rector's Office with competences in Institutional Coordination specifies the objectives and actions of the strategic plan that will be deployed each year, as well as its managers and measurement indicators. Also, assign a responsible for the coordination of the actions of the strategic plan. The annual planning is communicated to each responsible.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The person in charge of coordinating the strategic plan collects the information about the development of the actions and the fulfilment of the objectives. The results, with the approval of the Vice-Rector with competencies





in Institutional Coordination, are disseminated at the end of the period of validity of the PEI through the Compliance Report, which allows the evaluation of the proposed lines and their execution, as well as the degree of compliance with the objectives.

The annual results are included in the Academic Report, the Research Report and the ULPGC document in Figures of the ULPGC, which are published through the transparency website.

Likewise, the Vice-Rector's Office with competences in Institutional Coordination, or person in whom it delegates, proceeds, biennially, to the follow-up of the procedure, obtaining as evidence a document detailing the strengths, weaknesses and proposals of revision, modification and improvement (if applicable) on the execution of the procedure.

7. ARCHIVE

Some documents must be archived in relation with this procedure. The responsible for the archive and the period is also described (THIS TEXT IS APPLICABLE TO EVERY PROCEDURE. FOR AN SPECIFIC DETAIL CONSULT EACH PROCEDURE IN THE OFFICIAL SPANISH DOCUMENT).





PI-03 INSTITUTIONAL PROCEDURE FOR THE COLLECTION AND SELECTION OF THE TEACHING STAFF AND RESEARCHER

RESPONSIBLE: VICERRECTOR WITH COMPETENCES IN ACADEMIC STAFF

1. PURPOSE

The purpose of the present procedure is to establish the system for the recruitment and selection of teaching and research staff, in order to ensure that the new staff has the qualifications and skills necessary for the development of their academic activity.

2. SCOPE

This system affects the new incorporations of the teaching and research staff of the University of Las Palmas of Gran Canaria (ULPGC) and is applied every time the Vice-rector with faculty competencies, consider it.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

JPDI: Board of Teaching and Research Staff (LABOR UNION)

CEPDIL: Company Committee of Teaching Staff and Labor researcher (LABOR UNION)

RPT: List of Job Positions.

5. DEVELOPMENT OF THE PROCEDURE

The departments of the ULPGC, attending to the subjects and groups to which they have to teach in the different degrees in which they participate, establish their needs for teacher recruitment, if any, in order to prepare their Teaching Organisation Plan. These needs, indicating category and dedication, are communicated the Vice-Rector with competences in matters of teaching staff, upon request of a report from the affected centers and research institutes, which analyse them taking into account the criteria of relevance and budget availability, as well as the personnel policy of the university.

Upon certification of existence of credit, if the request is considered not viable, communicates to the affected departments.

If it is considered feasible, in the case of staff positions or employment contracts that entail a change in the RPT, negotiations are held with the workers' representatives (whether they are civil servants or hired workers) or the emeritus vacancies, they are sent to the Commission with powers in matters of delegated teaching staff of the Governing Council that, if not present anomalies, are submitted to the Governing Council for approval or modification. Once approved by the Governing Council, the dissemination process, selection and contracting is done according to the Procedure for the provision of places of teaching staff of university teaching bodies and the Procedure for the hiring of teaching staff and researcher hired.

If the places do not involve change of RPT, they can follow different processes depending on the type of place:

- If they are civil servants, a report is requested from the workers' representatives to take them out to tender, and they are sent to the committee with competences in delegated faculty of the Governing Council, which, if they do not show anomalies, are sent to the Governing Council for the approval or modification of them, submitting to the process of dissemination, selection and hiring according to current regulations.

- If they are hired labor, a report is requested from the representatives of the workers to go out to tender and, without going through the Government Council, submit to the process of dissemination, selection and hiring according to current regulations.

- In the case of a Venia Docendi place, as it is established by regulation, if all the reports are favourable, they are resolved by the Vice-rector with competences in Teaching Staff. If there is an unfavourable report, it is sent to the committee with competence in matters of delegated faculty of Government Council that, once analysed the proposal and the reports, will emit its pronouncement. If this is favourable, it will be approved directly by the Vic-rector. Otherwise, in case of unfavourable, the department affected is informed.





6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Director with competence in matters of competitions and relations with the trade union organisations proceeds to review this procedure, every three years or previously if the applicable regulations are updated, obtaining as evidence a document detailing the strengths, weaknesses and proposals of improvement (where appropriate) on the execution of the procedure.

The Vice Chancellor with competences in matters of teaching staff reports on the implementation of this procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (university community and society in general), together with the other institutional procedures, and makes decisions about improving this procedure.

7. ARCHIVE

Table: Evidence Files





PI-04 INSTITUTIONAL PROCEDURE FOR THE COLLECTION AND SELECTION OF ADMINISTRATIVE AND SERVICES PERSONNEL

RESPONSIBLE: MANAGER OF ULPGC

1. PURPOSE

The purpose of the present procedure is to establish the system for the recruitment and of the Administration and Services Personnel of the ULPGC in accordance with the Strategic Plan, with the purpose of ensuring that the new competencies necessary for the development of its activity in the services of the University.

2. SCOPE

This procedure affects the new incorporations of the Administration and Services Staff of the University of Las Palmas of Gran Canaria (ULPGC) and it is applied whenever the Management of the University considers it.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Personnel proposal: place or set of places that must be covered in accordance with the Personnel Policy included in the Strategic Plan. The proposal must be documented with the profiles of each of the places collected, skills required and an analysis of the needs that must be covered, duly justified.

5. DEVELOPMENT OF THE PROCEDURE

This document is of generalised development for all management units of the ULPGC (Administration of Buildings, Centers, Departments, Administrative Services and Institutes) since the actions concerning the Personnel of Administration and Services (PAS) are centralised in the Management.

From the units of the ULPGC, according to their different functions, the personnel needs are detected. These needs are communicated to the Manager, who analyses them based on the criteria of relevance and budget availability, according to the Strategic Plan of the University. The needs can also be detected automatically by the Management, which analyses and assesses them according to the indicated criteria.

If the request is considered not viable, the Manager will respond justifiably to the requesting units.

If the request is considered viable, the Management initiates the different phases of provision of jobs according to the modality in question (substitution of reserved position, vacancy coverage), the group that affects (PAS official or labor PAS) and the stability in the position of the personnel to be selected (permanent or temporary staff).

Depending on the positions, several phases must be carried out: voluntary mobility, internal promotion, external recruitment.

After the initial assessment and qualification of the type and phases of the procedure that must be followed, the selection procedure is initiated with the corresponding call, negotiated with the union representatives.

The selection process ends with the resolution of the call for places and the incorporation of the selected candidates. The administrative management of the process of dissemination, selection, and contracting of PAS is carried out by the Personnel Service of the ULPGC.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Manager or person delegated to proceed to the review of the different procedures processed, every two years or previously if the applicable regulations are updated, obtaining as evidence a document detailing the strengths, weak and proposals for improvement (where appropriate) on the execution of the procedure.

The Manager or person to whom he delegates reports the implementation of this procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (university





community and society in general), together with the other institutional procedures, and takes decisions about improving this procedure.

7. ARCHIVE





PI-05 INSTITUTIONAL PROCEDURE OF TRAINING OF THE PDI

RESPONSIBLE: VICERRECTOR WITH COMPETENCES IN TRAINING OF THE PDI

1. PURPOSE

The purpose of the present procedure is to establish the system to be applied for the preparation and updating of the training actions of the Teaching and Research Staff (PDI) of the University of Las Palmas of Gran Canaria (ULPGC).

2. SCOPE

The training actions affect the teaching staff of the university schools, faculties, university institutes and departments of the ULPGC and it is applied annually.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Continuous Training Plan for Teaching and Research Staff (PFCPDI)

Continuous Training Plan is understood as the coherent and ordered set of activities and / or training actions offered to all the members of the PDI, completed in a specific period of time and aimed at covering the training needs of the PDI, that will be made during the academic year. This Plan must be realistic, dynamic and flexible at all times, adjusting to the needs of the groups and people to whom the Plan is addressed and thus allowing the inclusion of concrete actions proposed by the Centers, Departments and University Institutes.

Novel Teachers

In the university field, Professor Novel is a professor with less than five years of teaching experience in a university institution, usually without any type of tutelage, who has knowledge on the subject, but who has not received any didactic training related to his teaching activity, neither with its research projection nor with the management procedures typical of university life.

Continuous or Permanent Training

Wide and varied range of needs to update the teaching, research and management of the PDI.

Expert in University Teaching (EDU)

Own title of the University of Las Palmas de Gran Canaria linked to the Plan of Continuing Education of the PDI in such a way that the realisation of a certain number of credits of the Plan of Continuing Education of the PDI grants the concession of this title.

5. DEVELOPMENT OF THE PROCEDURE

This document is of generalised development for the PDI assigned to Centers, University Institutes and Departments of the ULPGC and the actions derived from it are the responsibility of the Vice-rectorate with competences in training of the PDI (B.O.C. No. 2, Friday, February 3, 2017). The different actions aimed at training the PDI follow two protocols.

The protocol that must be followed for the preparation and updating of the Continuing Education Plan of the PDI and of the University Teaching Expert linked to it consists of the processes presented below.

- The Vice-Rectorate with training competencies of the PDI carries out an annual training proposal based on the basic document of the Continuing Education Plan of the Teaching and Research Staff of the University of Las Palmas of Gran Canaria endorsed by the proposals of the union representatives of the teaching and research staff of the ULPGC as well as the proposals made from the fields of Academic Organisation, Research, Quality, Innovation and Development, Internationalisation and Cooperation, Student attention and Integral Attention and of the training proposals that come from the Centers, University Institutes or Departments of the ULPGC in addition to the requests presented individually by members of the PDI of the ULPGC. In the elaboration of this proposal, the specific proposals made from the scope of Quality are also taken into account, which are derived from the result of the evaluation of the teaching activity of the PDI.

- The draft of the proposal of the Continuing Education Plan of the PDI linked to the University Teaching Expert





is reviewed by the Delegated Commission of the Governing Council with training competencies of the PDI.

- Finally, once it is approved by the Governing Council, the Vice-Rector with training competencies of the PDI is responsible for disseminating it, executing it and submitting it to the corresponding evaluation.

In addition to this Training Plan articulated and programmed annually, throughout the course, the Centers, Departments and University Institutes can make specific proposals that are recognized and structured within the framework of the Continuing Education Plan. The protocol to be followed for the recognition of these actions as activities of the Continuous Training Plan and therefore computable as credits for the University Teaching Expert is explained below.

- The Centers, Departments or University Institutes must make a request with the details of the activity (course, workshop, seminar, etc.) indicating the speaker, the number of hours, the contents, the objectives, the place of performance and the mode of accreditation of the contents of the course.
- The proposals are evaluated and approved, as the case may be, by the Delegated Commission of the Governing Council with training competencies of the PDI.
- The resolutions are informed to the requesting bodies.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice-Rector with competences proceeds, triennially, to the revision of this procedure, after the evaluation of the report made by the Follow-up Commission of the Continuing Training Plan of the PDI derived from the satisfaction surveys where

They detail the strengths, weaknesses and proposals for improvement (if any) on the execution of the procedure, as well as any complaints or suggestions, if any.

The Vice-rector with competencies informs of the implementation of this procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (university community and society in general), together with the other institutional procedures, and makes decisions on the improvement of this procedure.

7. ARCHIVE





PI-06 INSTITUTIONAL PROCEDURE FOR THE FORMATION OF PAS

RESPONSIBLE: MANAGER OF ULPGC

1. PURPOSE

The purpose of this procedure is to establish the system to be applied for the preparation and updating of the Training Plan for Administration and Services Personnel (PAS) of the University of Las Palmas of Gran Canaria (ULPGC), for the purpose of that the staff of the PAS renew their knowledge regarding the activity they perform in the services of the university. For this, it starts from the needs detected from the training proposals that come from the units of the ULPGC (Administration of Buildings, Centers, Departments, Administrative Services and Institutes) and public employees (PAS official and labor PAS).

2. SCOPE

The Training Plan affects the Administration and Services Personnel of the ULPGC and is applied annually.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Training plan: A training plan is understood as the set of training activities aimed at meeting the training needs of the PAS that will be carried out during the academic year.

Training for the job: its objective is to meet the training needs arising from the exercise of the functions of each profile for the proper performance of the job.

Training for promotion: aimed at facilitating professional promotion to other jobs and professional categories.

Training for personal development: aimed at acquiring or improving the level of personal knowledge, without being directly linked to the job occupied.

5. DEVELOPMENT OF THE PROCEDURE

This document is of generalised development for all the units of the ULPGC (Administration of Buildings, Centers, Departments, Administrative Services and Institutes), since the actions concerning the PAS are centralized in the Management.

The protocol that is followed for the preparation and updating of the PAS Training Plan consists of the processes presented below.

In response to the criteria for the preparation of the training plan for the Administration and Services Staff, the Training Commission for Administration and Services Personnel makes a proposal for a biannual Training Plan, which will be approved at the General Negotiation Table. A call for training courses will be held every six months.

Annually, the Training Commission will ask those responsible for the Units for training needs that are not included in the Training Plan.

Likewise, a survey is conducted among all the PAS aimed at knowing the training needs demanded by the interested parties.

Subsequently, the final Plan is disseminated, executed and submitted to the corresponding evaluation.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Manager or person to whom he delegates proceeds, every two years or previously if the applicable regulation is updated, to review this procedure, obtaining as evidence a document detailing the strengths, weaknesses and proposals for improvement (if applicable) about the execution of the procedure.

The Manager or person to whom he delegates reports the implementation of this procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (university community and





society in general), together with the other institutional procedures, and takes decisions about improving this procedure.

7. ARCHIVE





PI-07 INSTITUTIONAL PROCEDURE FOR THE ASSESSMENT OF THE QUALITY OF THE EDUCATIONAL ACTIVITY OF THE PDI

RESPONSIBLE: VICE RECTORATE WITH COMPETENCES IN QUALITY ASSURANCE

1. PURPOSE

The purpose of this procedure is to establish a system to assess the quality of the teaching activity of the Teaching and Research Staff (PDI) of the University of Las Palmas of Gran Canaria (ULPGC), which is accredited by the ANECA and ACCUEE agencies, and guarantee to society the quality of the degrees taught at the ULPGC. This assessment will allow the PDI to attend the accreditation processes for access to university teaching bodies and other institutional evaluation processes.

2. SCOPE

The processes of assessment of the quality of the teaching activity affect all the PDI of the ULPGC with a teaching experience of at least three years in the ULPGC or that is a doctor with a minimum teaching experience of one year.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

It is not considered necessary to establish definitions in this procedure.

5. DEVELOPMENT OF THE PROCEDURE

Through this procedure, the quality of the teaching activity carried out by all the ULPGC teaching staff is systematically assessed according to a specific planning and using different sources. This procedure is part of the DOCENTIA-ULPGC program, which tries to guarantee the objective assessment of the quality of the teaching activity.

The phases collected in the process of assessment of the quality of the teaching activity are the following:

- ☑ Preparation and opening of the call by the Vice-rectorate with competence in Quality (VC). The call will be designed as indicated in the DOCENTIA-ULPGC Procedural Manual approved by the Governing Council.
- ☑ Dissemination of the call by the VC through publication in the BOULPGC and sending of email to all the PDI of the ULPGC.
- ☑ During the established period, the PDI prepares and submits the applications and the Institutional Evaluation Office (GEI) - as the technical responsible for the procedure - analyses and validates the applications.
- ☑ At the end of the application submission period, the GHG informs the PDI of the opening of the access to the application for the elaboration of the Self-reports.
- ☑ During the established period, the PDI prepares and presents its Self-report and the GEI analyses and validates the teacher's self-report.
- ☑ At the end of the self-report submission period, the GHG communicates to the ULPGC Centers and Departments the opening of the application access for the preparation of Center and Department reports on the PDI assigned to each unit.
- ☑ During the established period, both the Centers and Departments prepare and present their respective reports and the GHG analyses and validates the corresponding reports of academic managers.
- ☑ At the end of the period for the presentation of Center and Department reports, the GEI, through the IT tool that manages the DOCENTIA-ULPGC Program, prepares technical reports on the quality of the teaching activity for each teacher have requested your valuation. For

This is done by using the information collected from all the reports, as well as the results of the student opinion surveys on the teaching activity of each PDI as established in the DOCENTIA-ULPGC Procedural Manual.





- ☐ The Procedure Evaluation Commission DOCENTIA-ULPGC assesses the quantitative and qualitative aspects of the established assessment model, after a technical report assessing the quality of the teaching activity of each teacher, and resolves the assessment of each PDI through a confidential report of results.
- ☐ The result of the evaluation of the quality of the teaching activity is notified by confidential report of results to each of the interested parties. Likewise, the result of said valuation is certified.
- ☐ If the result of the evaluation is Not Adequate (not positive), the Follow-up Commission of the DOCENTIA-ULPGC Program will establish the mechanisms and actions that these professors will have to develop, according to the criteria not overcome.
- ☐ If the teacher does not agree with the result of the evaluation of the quality of their teaching activity, they may request a review. This request for review is analysed and resolved by the Valuation Commission of the DOCENTIA-ULPGC Program, which issues a report with the resolution made, which in turn is sent to the GHG.
- ☐ If there is disagreement again, the professor can present an appeal to the Rector that is resolved by the Follow-up Committee of the DOCENTIA-ULPGC Program, thus ending the internal procedure.
- ☐ The GHG prepares the global results and follow-up reports for the certification of the procedure through an external agency.
- ☐ The VC reviews and disseminates, annually, the global results on the evaluation of the quality of the teaching activity of the PDI
- ☐ The general results reports of the University will be publicly disseminated through the ULPGC Quality Area website, and the aggregates according to the Center and Department will be sent to those responsible for these units to be considered in their annual reports, as well as in its review and improvement processes.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Follow-up Commission of the DOCENTIA-ULPGC Program, taking into account the results of the assessment of the quality of the teaching activity of the teaching staff and the development of the call, will prepare a report on aspects that can be improved for future calls.

both in its design (instruments, schedule, responsible ...) and in its execution.

Likewise, the VC will proceed, biennially, to review this procedure, obtaining as evidence a document detailing strengths, weaknesses and proposals for improvement regarding the execution of the procedure.

The VC informs about the implementation of this procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (community university and society in general), along with the rest of institutional procedures, and makes decisions on the improvement of this procedure.

7. ARCHIVE





PI-08 INSTITUTIONAL PROCEDURE FOR THE MANAGEMENT OF MATERIAL RESOURCES

RESPONSIBLE: MANAGER OF THE ULPGC

1. PURPOSE

The purpose of this procedure is to define the activities carried out by the Management of the University of Las Palmas of Gran Canaria (ULPGC) for the management and improvement of material resources, with the purpose of guaranteeing the correct administration of the available material resources to attend the needs and expectations of its stakeholders.

2. SCOPE

The management and improvement of material resources affects all the units of the ULPGC (Administration of Buildings, Centers, Departments, Administrative Services and Institutes) and is applied annually.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Material resources: the facilities and equipment necessary for the daily performance of the activities of the workers of a unit, in order to generate goods or services.

5. DEVELOPMENT OF THE PROCEDURE

5.1. ECONOMIC AND BUDGETARY MANAGEMENT

The university budget, as annual economic plan, is characterized by its high decentralization, distributing the budgetary resources among the different types of units of the Institution. Starting from the basic distinction between general and social services, on the one hand, and the departments, centers, research institutes and building administrations, on the other, it is intended that the budgets of the different expenditure units (UGA's) incorporate all those credits that can be controlled and managed by their direct responsible.

The way to proceed with the budget management of expenditure in the ULPGC is as follows:

The Management prepares a proposal for the annual budget in accordance with the forecast of income and in accordance with the principle of budgetary stability. The proposal must be consistent with the obligations assumed in previous years and with the budget guidelines.

☐ The budget guidelines contain, on the one hand, the strategic actions that derive from the Institutional Strategic Plan and, on the other, the scales for the budget allocation of the different academic units. Said document is valued by the economic commissions delegated by the Governing Council and Social Council for subsequent approval by these collegiate bodies.

☐ The budget allocation scales allow to quantify the budgetary needs of the academic units, while the material resources of the administrative units are determined according to the needs expressed by said units.

☐ The academic units approve their respective budgets according to the assignment received, which, with the technical support of the Economic and Financial Service, allow the ULPGC Preliminary Budget to be determined.

☐ The preliminary draft of annual Budget prepared by Management is valued by the Internal Control Service in order to verify that it meets the requirements established in the Annual Audit Program.

☐ The Preliminary Budget is presented by the Rector to the Governing Council so that, once he has accepted it, he proposes his approval to the Social Council before beginning the calendar year.

☐ The Authorized Expense Units (UGAs) are responsible for the management of the budget allocated to cover the needs of their unit, in accordance with the provisions of the Budget Execution Bases and the applicable regulations.





☐ The Management prepares a report with the annual accounts or economic report. This report is the document through which the University gives an account of the economic management carried out to the Autonomous Community and society in general.

☐ The Management presents the annual accounts to the Governing Council for its knowledge and examination. Once the accounts have been accepted, the Governing Council presents a report to the Social Council in its ordinary session

5.2. MANAGEMENT OF THE UNIVERSITY HERITAGE

The assets of the ULPGC are its assets, rights and obligations. The agreements relating to the disposition of the assets of the public domain, as well as the patrimonial ones, correspond to the Governing Council, with prior authorization of the Social Council.

The Heritage and Procurement Service draws up and oversees the general inventory of all the assets, rights and obligations of the ULPGC, being Management the one that enables the convenient system to keep it constantly updated.

The management of the units of the ULPGC is responsible for the custody and maintenance of all the inventory material that is assigned to their units.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Manager or person in whom he delegates proceeds, every two years or previously if the applicable regulation is updated, to review this procedure, obtaining as evidence a document detailing the strengths, weaknesses and proposals of

improvement (where appropriate) on the execution of the procedure of both the economic and budgetary management process and the process for heritage management.

The Manager or person to whom he delegates reports the implementation of this procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (university community and society in general), together with the other institutional procedures, and takes decisions about improving this procedure.

7. ARCHIVE





PI-09 INSTITUTIONAL PROCEDURE FOR THE MANAGEMENT OF GENERAL AND SOCIAL SERVICES

RESPONSIBLE: MANAGER OF THE ULPGC

1. PURPOSE

The purpose of this procedure is to establish the activities carried out by Management to regulate the management and improvement of the General and Social Services of the University of Las Palmas de Gran Canaria (ULPGC), with the purpose of guaranteeing the quality of the services of the college

2. SCOPE

This procedure affects all the General and Social Services of the ULPGC and is applied annually.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

General and Social Services (SGS): are support structures for teaching and research for the provision of services to the University, its various bodies and other organizational structures and society. The social services will be destined to the care of the university community with assistance character.

External services: are those that are hired and are developed by personnel that are not part of the staff of the university, such as reprography services, cafeterias, cleaning, etc.

5. DEVELOPMENT OF THE PROCEDURE

The procedure begins with the establishment of the objectives of each service, a task that Management develops in response to the needs of the Institution (strategic plans, improvement plans of the different units, proposals of Vice Rectorates, ...) and the results of evaluations and follow-ups. services in previous periods. Next, Management together with the managers of the different services, define and design the provision of the new services (if any) and update the usual services, planning the actions that have to be developed. For this planning, administrative procedures are reviewed, simplified, unifying and reducing procedures, and digitized for electronic processing. Next, we proceed with the training of the processors and the preparation of the support manuals.

The programming of each service is disseminated to the university community, as well as to society in general, through the channels and public information media that are established by Management. Specifically, each service has a Service Charter that identifies, among other issues, the mission and activities of the service, its applicable regulations, the commitments with its users and their rights and the indicators to measure their activity.

The different services execute the planned actions through their seconded personnel and resources, and elaborate, approve and make public the annual report of their activities.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Manager or person to whom he delegates proceeds, every two years or previously if the applicable regulation is updated, to review this procedure, obtaining as evidence a document detailing the strengths, weaknesses and proposals for improvement (if applicable) about the execution of the procedure.

The Manager or person to whom he delegates reports the implementation of this procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (university community and society in general), together with the rest of the institutional procedures, and makes decisions about improving this procedure.

7. ARCHIVE





PI-10 INSTITUTIONAL PROCEDURE FOR THE SELECTION, ADMISSION AND ENROLLMENT OF STUDENTS

RESPONSIBLE: VICE RECTORATE WITH COMPETENCES IN STUDENTS

1. PURPOSE

The purpose of this procedure is to establish the system by which the selection, admission and enrollment of students is managed with the purpose of guaranteeing access to university studies within the framework of current regulations.

2. SCOPE

The management processes established in this procedure affect the official degrees taught at the University of Las Palmas de Gran Canaria (ULPGC) and are applied in each academic year.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

It is not considered necessary to establish definitions in this procedure.

5. DEVELOPMENT OF THE PROCEDURE

5.1 GENERAL

The processes presented below are executed once the annual access, admission and enrollment instructions have been approved by the Vice-Rectorships with Competences in admission of students in official degrees and, where appropriate, by the Governing Council of the ULPGC. This procedure is exposed in a generalized way and is complemented with several instructions that are specified in the institutional web of the ULPGC.

For each academic year, each Vice-Rectorate with competences in admission of students in official degrees makes public the call and regulatory instructions of the pre-registration and registration procedures for students to the ULPGC and disseminates the criteria related to the selection, admission and enrollment of students in the official degrees. Dissemination is carried out, at least, through the institutional website of the ULPGC, through the Official Bulletin of the ULPGC (BOULPGC) and the Access and Enrollment sections "(ULPGC for you)," Academic Management Service and University Extension "," Postgraduate and Doctorate Unit "and" Doctoral School "

5.2 SELECTION AND ADMISSION TO THE TITULATIONS OF THE ULPGC

The requirements and criteria for application are established in Royal Decree 412/2014 of June 6, which establishes the basic regulations for admission procedures in official undergraduate university education (BOE of June 7). For access and admission to the master's degree programs, Royal Decree 1393/2007 is applied and Royal Decree 99/2011 for access and admission to the Doctorate.

Access and admission by pre-registration. The procedure for accessing the different degrees of the ULPGC consists of the following phases:

- ☐ To start the procedures, the student, in the pre-registration computer program, makes an application for admission in different degrees.
- ☐ In accordance with the principles of equality, merit and ability, students who meet the requirements are assigned places.
- ☐ The Academic Management and University Extension Service (SGAEU), in the case of undergraduate degrees, and the Postgraduate and Doctorate Unit, in the Master and Doctorate degrees, published on p. web with personalized access the allocation of seats to each student. Likewise, they send an informative email of that assignment.





☐ In the event that the student requests admission to a degree with specific admission criteria, he must first pass the aptitude tests for that degree.

Access and admission for transfer of file or reincorporation.

☐ Applications for file transfer, reincorporation or change of venue or modality, are presented in the Administration of the Building where the administrative headquarters has the title in which it urges admission. In this application, the necessary documentation is attached in accordance with each of these channels.

The reinstatement is resolved in the corresponding Administration, in the rest of the cases a report is issued and resolved by the Vice-Rector with competences in the admission of students to the degree.

Admission by simultaneity.

☐ Some academic requirements have to be met, it is presented in the Administration of the Building and it is resolved at the end of the pre-registration process in accordance with the vacancies that would have remained vacant at the end of said process.

5.3 REGISTRATION OF STUDENTS OF THE ULPGC

The students of this University formalize self-registration, according to the parameters and requirements established in the rules of permanence and in the terms established in the Annual Instruction of the Vice-Rector with competences in admission of students in accordance with the Annual Resolution of the General Secretariat of Universities. publishes the agreement of the General Conference on University Policy and of the Order of the Ministry of Education, Universities and Sustainability of the Government of the Canary Islands. Subsequently, they deliver the documentation to the corresponding Building Administration.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Administrative Units with competences in admission of students proceed, every two years or previously if the applicable regulation is updated, to the revision of this procedure.

The Vice-Rectorships with competence in access and admission of students inform of the implementation of this procedure to the Institutional Quality Commission, which disseminates the results of the implementation to the different interest groups (university community and society in general), together with the remaining institutional procedures, and makes decisions on improving this procedure

7. ARCHIVE





**PI-11 INSTITUTIONAL PROCEDURE FOR THE MANAGEMENT AND PROCESSING OF
OFFICIAL TITLES OF THE ULPGC**
RESPONSIBLE: SECRETARY GENERAL

1. PURPOSE

The purpose of the present procedure is to establish the system by which the files are managed and issue Official University Degrees in order to guarantee the attention to the students who wish to certify the received training in accordance with the provisions of the Titles projects.

2. SCOPE

The management processes established in this procedure affect all the official degrees taught at the University of Las Palmas de Gran Canaria (ULPGC) and are applied annually.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Its inclusion is not considered necessary.

5. DEVELOPMENT OF THE PROCEDURE

The University of Las Palmas de Gran Canaria has a computer application for the management of records of official degrees. The program allows to know and manage all aspects related to the processing of said degrees, as well as certificates and duplicates, from the beginning (training of the file) to its delivery to the graduate finish your official studies.

The Building Administrations and the service with competences in postgraduate academic management, the latter in relation to Doctorate degrees only, elaborate, manage the students' administrative files and respond to requests for information.

The beginning of the procedures for the issuance of titles, as well as certificates, duplicates or substitute documents thereof, is made at the request of the interested party through the form found in the Building Administrations where the corresponding official studies have their administrative headquarters a Bachelor's and Master's degree, and in the service with competences in postgraduate academic management in the case of doctorate. The documentation specified in the instructions is presented together with the request.

The Administration reviews the documentation before the issuance of the payment of the relevant public prices and then sends the file to the service with competences in the issue of titles, where the academic and personal data are verified,

they adapt to the specific computer program of the Ministry of Education that proceeds to the assignment of the university registration number, unless they do not coincide with the data available to the aforementioned Ministry, after which they are sent to the printer.

The service with competence in the issue of titles also proceeds to the preparation of substitute certificates of the title, upon request and payment

corresponding to the public prices of the interested party. The certificate has the same validity as the title until it is issued and a maximum of one year from the date of issue.

expedition and will be included in the document. This term may be extended when, for technical reasons, the title has not been issued within that period.

Regarding the delivery of official titles, in accordance with current legislation, those interested can:

- Collect them personally and sign, both the title and in the record book, before the unit official.
- Entrust this management to a representative with sufficient power of attorney to do so.
- Request that they be sent to the delegations of the Government or Embassies of Spain in other countries where they have their habitual residence, for their withdrawal.





While these procedures are carried out, the receipt of the payment is the proof that you are in possession of the title in question.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The General Secretariat proceeds to review this procedure every two years or earlier if the applicable regulations are updated.

The General Secretary informs of the implementation of this procedure to the Institutional Quality Commission, which disseminates the results of the implementation to the different interest groups (university community and society in general), together with the other institutional procedures and takes of decisions on improving this procedure.

7. ARCHIVE





PI-12 INSTITUTIONAL PROCEDURE FOR THE MANAGEMENT OF COMPLAINTS, SUGGESTIONS AND CONGRATULATIONS

RESPONSIBLE: MANAGER OF THE ULPGC

1. PURPOSE

The purpose of this procedure is to integrate, homogenize and define the tasks to be developed by the university units (centers, research institutes, buildings administrations, departments) for the reception, treatment and resolution of complaints, suggestions and congratulations expressed by the users of its services, with the purpose of bringing the university closer to all users in an exercise of participation and transparency that allows offering a more efficient and higher quality service.

2. SCOPE

This management system affects the complaints, suggestions and congratulations presented by the citizens in general and by the members of the university community.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Complaint: Expression of dissatisfaction made to an organization with respect to its services or to the process of handling complaints, where an explicit or implicit response or resolution is expected.

Suggestion: Proposal that aims to promote improvement, in which ideas or initiatives are contributed to improve the functioning of the institution.

Congratulation: Recognition of the user for the good functioning of the institution and the treatment or attention received by the people who work in it.

5. DEVELOPMENT OF THE PROCEDURE

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

7. ARCHIVE





PI-13 INSTITUTIONAL PROCEDURE FOR FOLLOWING LABOR INSERTION

RESPONSIBLE: VICE RECTORATE WITH COMPETENCES IN EMPLOYABILITY

1. PURPOSE

The purpose of this procedure is to establish the way in which information is obtained, analysed and disseminated on the job placement of graduates, in order to ensure that this information is disseminated to all stakeholders and valued in institutional evaluations. and improvement plans of the University of Las Palmas de Gran Canaria (ULPGC).

2. SCOPE

The follow-up of the labor insertion is applied to all the official degrees of the ULPGC.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

It is not considered necessary to establish definitions in this procedure.

5. DEVELOPMENT OF THE PROCEDURE

The Vice-Rectorate with competencies in Employability, through the Employment Observatory, conducts studies on the labor insertion of the graduates of the ULPGC, who also provide information on their degree of satisfaction with the studies, based on a process defined and implemented in said Observatory.

For each study, the most relevant indicators related to the different degrees are established, such as:

- the general satisfaction with the degree course and in relation to the labor insertion of the graduates
- the employment situation of the graduates
- the employment relationship obtained with the degree taken
- the time it took to find their first job
- satisfaction with the employment obtained
- the help that has been obtained by the degree obtained when finding your job

These studies are carried out on a large sample of graduates of all the degrees taught by the ULPGC, which were surveyed by telephone and via the web, applying a questionnaire prepared and validated by the Observatory. In addition, bi-directional communications are established with the Canary Employment Service, the Canary Observatory of Employment - hereinafter, OBECAN - and the Canary Islands Statistics Institute - hereinafter, 1ST AC - in order to obtain specific data on the employment situation of the graduated by entry and exit cohort.

The results are obtained from two studies:

1. The survey of graduates of the ULPGC, which is held annually by graduates who have at least two years of the date of completion of studies. This survey is the result of readjusting, to the interests of the ULPGC, the one carried out at European level (Reflex survey). This survey is applied to a representative sample, taking into account the gender, degree and academic year of entry and exit of the degree of the total population of the graduates of the aforementioned academic years. The results obtained from the study are treated by titration.





2. The crossing of data with the databases of the Canarian Employment Service, OBECAN and ISTAC. This study is done once a year for all graduates. The results that are obtained from the study are treated by university center and degree, besides extracting the global data of degrees and master's degrees and of the total set of the entire University.

The results of these studies, which are expected to continue to be developed annually, are disseminated to all the Centers, Research Institutes and departments of the ULPGC, to be taken into account in the review and improvement of the degrees for which they are responsible, as well as as to the representatives in the Governing Council and Social Council of the ULPGC, and to the Canary Islands Employment Service, and therefore to society in general. The main means of dissemination is the annual report ULPGC Emplea en cifras, as well as the web page of the Vice-Rector's office with competencies in Employability and its specific page of the Observatory, where all the analysed information is collected and in which each user can access to download the data of interest.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Coordinator of the Observatory of Employment of the ULPGC proceeds, every two years or previously if the applicable regulations are updated, to review this procedure, obtaining as evidence a document detailing the strengths, weaknesses and proposals for improvement over the execution of the procedure.

The Vice-rectorate with competencies in Employability reports the implementation of this procedure to the Institutional Quality Commission, which disseminates the results of the implementation to the different interest groups (university community and society in general), together with the rest of the institutional procedures , and makes decisions about improving this procedure.

7. ARCHIVE





PI-14 INSTITUTIONAL PROCEDURE FOR THE DESIGN OR MODIFICATION OF THE OFFICIAL TRAINING OFFER

RESPONSIBLE: VICERRECTORS WITH COMPETENCES IN OFFICIAL DEGREES (DEGREES, MASTERS AND DOCTORATES)

1. PURPOSE

The object of the present procedure is to describe the systematics that is carried out for the elaboration or modification of official university degrees with the purpose of guaranteeing that the initial design or its subsequent modifications are carried out in accordance with current regulations.

2. SCOPE

The design processes of the degree project affect the Bachelor's, Master's and Doctorate degrees, valid throughout the national territory and the European Union, and which will be implemented at the University of Las Palmas de Gran Canaria (ULPGC) following the general lines emanating from the European Higher Education Area (EHEA) and it is applied whenever determined by the Vice-Rectorships with competences in Official Degrees (Bachelor, Master and Doctorate).

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

The inclusion of definitions is not considered necessary.

5. DEVELOPMENT OF THE PROCEDURE

For the elaboration of a new Study Plan it is recommended to follow, when they exist, the indications of the respective "White Books" and to take as reference national or international recognized study plans, reports of professional associations or colleges, current titles catalog, documents agreed by different centers or by the conferences of directors or deans, the document of "Evaluation of the Qualification and Improvement Plan" if the previous degree participated in the National Plan of Institutional Evaluation, etc.

A. FOR THE DESIGN OF NEW OFFICIAL DEGREES AND MASTER DEGREES

Next, the protocol to follow is elaborated to elaborate and approve new proposals of Official Titles adapted to the European Higher Education Area (EHEA):

- I. Proposal by the Boards of the Center of three representatives to constitute the different Branch Commissions, in the case of the Degree Degrees with precedents in previous regulations (adapted).
- II. Proposition by the Center Boards or Councils of University Research Institutes of the members of the Commissions of Title.
- III. Constitution, by the Boards of the Center or Councils of University Research Institutes, of the Commissions of Title.
- IV. Advice to the Branch Commissions and Commissions of Title, by the Vice-rectorate with competences in Degree and Master. Once the proposals have been prepared by the commissions, there is discussion with them about the feasibility, convenience / opportunity, etc. In addition, they are provided with documents related to regulations and legislation, guides, etc., for the preparation.
- V. Preparation of the Draft Title by the Commission of Title and referral to the Centers or Councils of University Research Institutes for discussion. Said Draft must contain the following elements¹:





1. Title Description
2. Justification
3. Competencies
4. Student access and admission
5. Planning of the teachings
6. Academic Staff
7. Material resources and services
8. Expected results
9. Quality Assurance System
10. Implementation schedule

1 Elements that appear developed in R.D. 1393/2007 modified by R.D. 861/2010 (Annex I. Report for the request for verification of Official Degrees) and in the Evaluation Protocol for the Verification of Official University Degrees, prepared by ANECA.

VI. Presentation of amendments within the deadline set by the Securities Commission.

VII. Study of the amendments by the Securities Commission and preparation of the preliminary draft of the Title.

VIII. In case of adapted Degree Degrees, sending the Preliminary Degree to the corresponding branch committee, which prepares a report on the basic subjects, which is attached to the Preliminary Draft.

IX. Discussion of the viability of the proposal of Title in the Observatory of the European Space of Higher Education. The proposal may be rejected in this draft phase, if, in the opinion of the members of the Observatory, the conditions for the implementation of the degree are not given.

X. Approval of the Project of Official Title by the Board of the Center and referral to the Commission of Degrees and Permanent Training delegated by the Governing Council of the ULPGC so that it can proceed to its evaluation after requesting a report from the Vice-Rector's Office with quality competencies.

XI. Submission of all documentation to the Governing Council for approval.

XII. Once approved by the Government Council, the documentation is sent to the Social Council for approval.

This request to the Observatory of the European Higher Education Area a valuation report on this proposal as a step prior to approval.

XIII. Once the approval of the Social Council has been obtained, the Title proposal is sent to the General Directorate of Universities of the Autonomous Community so that the evaluation for authorization of implementation of the Title by ACCUEE can be carried out, according to the regional regulations established for this purpose. .

XIV. Once the authorization of the Autonomous Community has been obtained, the Title proposal is sent to the Council of Universities so that it can be verified by ANECA, according to the national regulations established for it.

XV After the resolution of verification of the Title by the Council of Universities, if this is favorable, the Ministry of Education submits to the Government the proposal for the establishment of the official title and its registration in the Register of Universities, Centers and Titles (RUCT).

XVI. The Vice-rectorate with competences in Bachelor's and Master's degrees sends the memory of the Title and the tab of mechanization of subjects / subjects to the administrative services for their incorporation to the academic planning.

In the case of unfavorable verification resolution, the ULPGC may appeal to the Presidency of the Council of Universities, following the procedures described in the national regulations.

B. FOR THE MODIFICATION OF OFFICIAL GRADUATE AND MASTER DEGREES

The following is the protocol to follow to modify Official Titles adapted to the EHEA:

I. Proposal by the Boards of the Center of a commission to develop a project to modify the Title.

II. Preparation of the Draft modification of the Title and dissemination thereof to the members of the Center and Departments.

III. Presentation of amendments within the deadline set by the Commission responsible for the modification of the Title.





- IV. Study of the amendments and preparation of the preliminary draft modification of the Title.
- V. In the case of adapted Degree Degrees, and if applicable, sending the preliminary draft of the Title to the corresponding Branch Committee, which prepares a report on the basic subjects, which is attached to the Preliminary Draft.
- SAW. Approval of the draft of modification of the Title by the Board of Center and referral to the Commission of Qualifications and Permanent Delegated Training of the Governing Council of the ULPGC.
- VII. Approval of the draft of modification of the Title by the Commission of Qualifications and Permanent Formation.
- VIII. Submission of all documentation to the Governing Council for approval.
- IX. Once approved by the Government Council, the documentation is sent to the Council of Universities for the acceptance of the amendment by ANECA, according to the national regulations established for it.
- X. After the resolution of acceptance of modifications of the Title, the Vice-Rectorate with competences in Degree and Master and the Center develop the actions of dissemination of the modifications to all the interest groups through the web of Titles of the ULPGC and of the Centers
- XI. In the case of resolution of acceptance of unfavorable modifications, the ULPGC may appeal to the Presidency of the Council of Universities, following the procedures described in the national regulations.

C. FOR THE DESIGN OF NEW OFFICIAL DOCTORAL TITLES

- I. Constitution, on behalf of the Vice-rectorate with competences in Doctorate or the Steering Committee of the Doctoral School, of a Commission that will be responsible for preparing the proposal.
- II. Advice to the commission by the Vice-rectorate with competences in Doctorate.
They are provided with documents related to regulations and legislation, guides, etc., for the elaboration.
- III. Preparation of the Draft Title by the Commission. Said Draft must contain the following elements:
 - 1. Description of the title
 - 2. Competencies
 - 3. Student access and admission
 - 4. Training activities
 - 5. Organization of the program
 - 6. Human Resources
 - 7. Material resources and support available for doctoral students
 - 8. Review, improvement and results of the program
- IV. Referral of the Draft to the agents responsible for the material and human resources involved in the proposal (centers, departments or institutes). In addition, a favorable report or not on the proposal should arise from this debate, based on arguments related exclusively to the availability of the resources involved in the proposal.
- V. Referral of all documentation to the Doctoral Commission of the ULPGC.
- SAW. Submission of all documentation to the Governing Council for approval.
- VII. Once approved by the Government Council, the documentation is sent to the Social Council for approval. This request to the Observatory of the European Higher Education Area a valuation report on this proposal as a step prior to approval.
- VIII. Once the approval of the Social Council has been obtained, the Title proposal is sent to the Autonomous Community so that it can be verified by the ACCUEE, according to the regional regulations established for it.
- IX. Once the authorization of the Autonomous Community has been obtained, the Title proposal is sent to the Council of Universities so that it can be verified by ANECA, according to the national regulations established for it.
- X. After the resolution of verification of the Title by the Council of Universities, if this is favorable, the Ministry of Education submits to the Government the proposal for the establishment of the official title and its registration in the Register of Universities, Centers and Titles (RUCT)
- XI. The Vice-rectorate with competences in Doctorate sends the memory of the title and the mechanization sheet of mechanization of activities to the administrative services for its incorporation into the academic planning.





XII. In the case of resolution of acceptance of unfavorable modifications, the ULPGC may appeal to the Presidency of the Council of Universities, following the procedures described in the national regulations.

D. FOR THE MODIFICATION OF OFFICIAL DOCTORAL DEGREES

I. Proposal by the Academic Committee of the Doctoral Program of a subcommittee that develops a project to modify the Title.

II. Preparation of the Draft modification of the Title and dissemination thereof to the members of the Doctoral Program.

III. Submission of amendments within the deadline set by the subcommission responsible for the modification of the Title.

IV. Study of the amendments and preparation of the preliminary draft modification of the Title.

V. Approval of the draft of modification of the Title by the Academic Committee of the Doctoral Program and referral to the Doctoral Commission of the ULPGC.

SAW. Approval of the draft modification of the Title by the Doctoral Commission.

VII. Submission of all documentation to the Governing Council for approval.

VIII. Once approved by the Government Council, the documentation is sent to the Council of Universities for the acceptance of the amendment by ANECA, according to the national regulations established for it.

IX. After the resolution of acceptance of modifications of the Title, the Vice-Rectorate with competences in Doctorate and the School of Doctorate develop the actions of dissemination of the modifications to all interest groups through the Titles website of the ULPGC and the Doctoral School.

X. In the case of resolution of acceptance of unfavorable modifications, the ULPGC can appeal to the Presidency of the Council of Universities, following the procedures described in the national regulations.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Directorates with competences in Official Degrees (Degrees, Masters and Doctorates) proceed to the revision of this procedure, every two years or previously if the applicable regulation is updated, obtaining as evidence a document detailing the strengths, weaknesses and proposals of improvement (where appropriate) on the execution of the procedure.

The Vice-Rectors with competences in Official Degrees (Degrees, Masters and Doctorates) report on the implementation of this procedure to the Institutional Quality Commission, which disseminates the results of the implementation to the different interest groups (university community and society in general) , together with the other institutional procedures, and makes decisions on the improvement of this procedure.

7. ARCHIVE





PI-15 INSTITUTIONAL PROCEDURE FOR THE FOR THE DESIGN OF ULPGC UNOFFICIAL DEGREES (OWN DEGREES)

RESPONSIBLE: VICE RECTORATE WITH COMPETENCES IN ULPGC UNOFFICIAL DEGREES

1. PURPOSE

The purpose of this Procedure is to document and establish the processes by which the development of the new Own Degrees is carried out at the University of Las Palmas of Gran Canaria (ULPGC) or its renewal, with the fundamental purpose of guaranteeing the verification and start-up of said titles.

2. SCOPE

This Procedure affects the initial development of the design or the renewal of all the Own Degrees that are going to be implemented in the ULPGC and is applied when determined by the Vice-Rectorate with competencies in Own Degrees.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Own title:

Training program of different duration and objectives, developed by a unit of the ULPGC (Center, Department, Teaching Staff) or by the ULPGC in collaboration with external proponents (official institution, foundations, companies), in order to meet the immediate training needs permanent and specialized in the different levels of qualification.

The types of own titles admitted by the regulations in force are:

- a) Own Titles of level MECES 1 or of Degree: This formative offer is structured in the following categories:
- 1.- Specialized Professional Training. These are structured lessons in 15-30 or 60 ECTS level MECES-1 or MECES-2 that lead to the acquisition of higher vocational skills in highly specialized fields. They are aimed at graduates in Higher Vocational Training Technician, Higher Plastic Arts and Design Technician, Senior Sports Technician in Higher Education, Higher Vocational Training, Plastic Arts and Higher-grade Design and Higher-level Sports Education. The overcoming of these studies supposes the obtaining of a titled title "Title of Specialized Professional Training in" explicit reference to the name of the program of studies ", by the University of Las Palmas de Gran Canaria".
 - 2.- Specialized University Degree Education. Its duration is between 3 and 15 ECTS level MECES 2. Included in this modality are the specialized training activities of Degree that are developed in non-school periods or particular environments (eg summer, winter schools, training cruises, singular facilities , etc.). The overcoming of these studies supposes the obtaining of a titled title "Title of Specialized University Training of Degree in" explicit reference to the name of the program of studies ", by the University of Las Palmas de Gran Canaria".
 - 3.- Higher Degree. It is about own lessons with structure equivalent to a Degree level, that are not included in the Register of Universities, Centers and Titles (RUCT) as official titles valid throughout the national territory. They have a total duration of between 180 and 240 ECTS, structured in 60 ECTS per academic year. The overcoming of these teachings supposes obtaining a title called "Advanced University Degree in" explicit reference to the name of the study program ", by the University of Las Palmas de Gran Canaria".





b) Own Postgraduate Degrees: The Graduate Training Offer of the Own Studies of the ULPGC is structured in the following categories:

1.- University Expert. Its duration is between 15 and 30 ECTS, to be developed in a maximum academic period of one calendar year. The overcoming of these teachings gives place to the title called "University Expert in" explicit reference to the name of the program of studies ", by the University of Las Palmas de Gran Canaria".

2.- University Master's Degree. Its duration is between 60 and 120 ECTS, to be developed in a minimum academic period of one or two calendar years, respectively. It must include the elaboration and defense of an End of Title Work with an extension that may not exceed 15% of the total of the degree. The overcoming of these teachings gives rise to the title called "Master's Degree in" explicit reference to the name of the study program ", by the University of Las Palmas de Gran Canaria".

3.- Postgraduate Specialized University Education. Its duration is between 3 and 15 ECTS level MECES 3. The overcoming of these teachings gives rise to the title called "Postgraduate Specialized University Training in" explicit reference to the name of the program of studies ", by the University of Las Palmas de Gran Canaria ". Specialized Postgraduate training activities are included in this modality that take place during non-graduate periods. classes (summer, winter schools) or particular environments (training cruises, hospitals, singular scientific facilities, etc.).

c) Customized Training and Certification of Training Programs: Training offers in response to the demands of companies, public administrations, foundations, associations or any other public or private institution or entity, addressed to groups of professionals or other specific groups:

1.- Customized Training Courses. The conditions of delivery must be regulated by the corresponding collaboration agreement, in which the responsibilities of each of the parties will be described. A defined number of credits is not established, nor minimum required school period. The overcoming of these teachings gives rise to the issuance of "Diploma of Training in" explicit reference to the name of the study program "by the University of Las Palmas de Gran Canaria".

2.- Certification of Training Programs: The ULPGC can certify training programs prepared by other institutions, as long as they meet the quality standards established by the Institution. No defined number of credits is established for this type of courses, nor minimum required academic period. The University of Las Palmas of Gran Canaria will certify by seal the titles issued.

5. DEVELOPMENT OF THE PROCEDURE

Next, the protocol to be followed for the design or renewal of the own title proposals is described.

The Own Titles of any of the categories defined in the previous chapter must follow a preparation phase until their approval, according to the following procedure:

1. The Own Degrees may be promoted at the initiative of the University's Government Team, its teaching centers, departments, university research institutes, research centers and teaching staff. They may also be proposed by companies, public administrations, foundations, associations or any other public or private institution or entity, through the appropriate collaboration agreement.

2. The proposal of a new Own Title or the renewal application of an existing one must be submitted via telematics, using the computer application available on the website of the Vice-rectorate with competences in Own Degrees, upon request of the specific access code.

3. All applications must be accompanied by an Academic Report and an Economic Report, in accordance with the provisions of the Regulations of Own Titles of the ULPGC, prepared by the proponents that constitute the Academic Committee responsible for the degree.

4. The new creation proposals must submit two additional reports that will act as endorsements of the proposal. These reports must be issued by scientific societies, professional associations, employment observatories, teaching / research centers / departments, companies or other entities with explicit relevance in the area in which the proposal is made. These reports must state the suitability of the training program and the proposal of the teaching staff, as well as the potential benefits of the proposal. The reports of the guarantors must refer to what is specified in the Regulations of Own Titles of the ULPGC.





5. In addition, the new proposals will be sent to two external reviewers who will also issue a report on the suitability and benefits of the proposal. The external reviewers must be academic specialists and / or professionals with recognized prestige in the field in which the proposal is formulated and may not belong to the faculty staff that teaches the Title. The reports of the external reviewers must refer to what is specified in the Title Regulations of the ULPGC.
6. In general, for the purpose of an adequate academic organization of the training offer of the Own Titles of the ULPGC, as well as for its correct institutional diffusion, the proposal of teaching, evaluation and processing of new titles or titles renewal , will be submitted within a period of at least three months prior to the scheduled start date stated in the Academic Report.
7. The Governing Council shall be responsible, following a report from the Delegated Commission with competences in matters of Own Degrees, the final approval of the lessons leading to the obtaining of a Own Title.
8. Any modification of the Academic Report after its approval must be submitted prior to the pre-registration and enrollment period to the Vice Chancellor with competences in Own Degrees, who may authorize it when it does not substantially affect the previously approved degree proposal. Otherwise, the request will be sent, for consideration, to the Delegated Commission of the Governing Council with powers in Own Degrees and, subsequently, if applicable, to the Governing Council, being the pre-registration process subject to its approval.
9. The formative proposals, once approved, will have an annual validity. Subsequent editions will require renewal.
10. The reissue of the titles will only require the approval of the delegated Commission of the Governing Council with powers in Own Degrees and of the Governing Council, for which the presentation of the Final Report of results and satisfaction is mandatory, in accordance with specified in the Regulations of Own Titles of the ULPGC.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Directorate with powers in Own Degrees will proceed to review this Procedure every two years, or previously if the applicable regulation is updated, obtaining as evidence a document detailing the strengths, weaknesses and improvement proposals (if any) on the execution of the Procedure.

The Vice Chancellor with competencies in Own Degrees informs of the implementation of this Procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (university community and society in general), together with the rest of institutional procedures, and makes decisions about the improvement of this Procedure.

7. ARCHIVE





PI-16 INSTITUTIONAL PROCEDURE FOR THE MEASUREMENT OF SATISFACTION

RESPONSIBLE: VICE RECTORATE WITH COMPETENCES IN QUALITY ASSURANCE

1. PURPOSE

The purpose of this procedure is to document and establish the processes by which the protocols for measuring the satisfaction of internal and external stakeholders at the University of Las Palmas de Gran Canaria (ULPGC) are planned and deployed, with the purpose of ensure that the opinion of all these stakeholders is known and considered in the institutional evaluations and improvement plans of the ULPGC.

2. SCOPE

The measurement of satisfaction is applied to any internal interest group of the ULPGC and can be applied to external stakeholders when the Vice-Rectorate considers it to have competence in Quality.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

It is not considered necessary to establish definitions in this procedure.

5. DEVELOPMENT OF THE PROCEDURE

The Institutional Assessment Cabinet (GGE) conducts satisfaction studies to obtain the results of the academic activity and the implementation of quality processes.

To do this, proceed as specified below:

1. The Quality Department carries out a needs analysis on the accomplishment of satisfaction studies according to the university regulations, the quality programs in development and the demands of the members of the university community.

2. The Vice-rectorate with competences in Quality (VC), attending to the analysis, establishes a general planning of the studies that have to be carried out and communicates this planning to the units of the University involved.

3. Depending on what type of study is, periodic or punctual, we act as detailed below:

3.1. If the study to be carried out is systematic (it is carried out periodically), the GHG elaborates or updates the measurement instrument according to the characteristics of the type of study (regulations or associated quality programs). The VC reviews the instrument and then proceeds depending on the object of measurement:

a. In the event that the object of the measurement is the "teaching activity", the DOCENTIA-ULPGC Procedure Monitoring Commission approves the document and, subsequently, the Governing Council of the University, as specified in the Manual DOCENTIA-ULPGC procedure. Then, the GHG communicates the objectives, periods and instructions to the Quality Managers of the University Centers.

b. In the event that the object of the measurement is another type of activities, the GHG communicates the objectives, periods and instructions to those responsible for the area of quality in the units involved.

3.2. If the study to be carried out is specific (it is not carried out periodically), the GHG and the unit involved carry out a specific planning of the study. Once the planning has been approved by the VC, the GEI designs the study and measurement instruments that are also reviewed by the Vice-Rector's Office. The objectives, periods, and instructions are communicated to those responsible for the project in the unit involved.

4. Depending on the type of instrument, it acts as follows:





- 4.1. If the instrument is virtual, for example an online survey, the dissemination of the process falls on both the GHG and the units involved, which adopt the necessary measures to encourage participation in the study. The data is collected through the online application that manages the GHG.
- 4.2. If the instrument is field, for example a discussion group, a face-to-face survey, etc. the unit involved programs the application of the instrument (dates, spaces, materials, schedules, etc.); where appropriate, the GHG conducts the training of the people responsible for applying the instrument and the unit involved is responsible for both the dissemination of the process and its application, thus collecting the data.
5. The data obtained is analysed by the GHG, who prepares the pertinent reports.
6. The VC reviews the reports and disseminates them to the different interest groups.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice-Rector with competence in Quality, or person delegated, proceeds to review this procedure, every two years or previously if the applicable regulations are updated, obtaining as evidence a document detailing the strengths, weaknesses and improvement proposals about the execution of the procedure.

The VC informs of the implementation of this procedure to the Institutional Quality Commission, which disseminates the results of the implementation to the different interest groups (university community and society in general), together with the rest of the institutional procedures, and makes decisions about improving this procedure.

7. ARCHIVE





PI-17 INSTITUTIONAL PROCEDURE FOR QUALITY ASSURANCE AUDITS

RESPONSIBLE: VICE RECTORATE WITH COMPETENCES IN QUALITY ASSURANCE

1. PURPOSE

The purpose of this procedure is to document and establish the processes by which the internal quality audits are planned, executed and reviewed at the University of Las Palmas of Gran Canaria, with the purpose of examining and evaluating that the procedures of the Quality Assurance or any other Quality Program in which a Center or Unit of the ULPGC participates.

2. SCOPE

The internal quality audits affect all the Centers or Units of the ULPGC that have implemented a Quality Assurance System or participate in any other Quality Program supported by the Vice-Rectorate with quality competences and it is applied when so determined by the Vice-Rector's Office.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Internal Quality Audit: Review established by the Vice-Rector with quality competencies to determine if the activities and results related to the processes meet the pre-established requirements, if they are applied effectively and achieve the intended objectives.

Annual program of internal quality audit: Set of one or more audits planned for the academic year. The purpose of the program is to organize and report on the characteristics and purpose of each of the audits that will be carried out regarding quality programs.

Quality internal audit plan: Description of the activities and details that the audit team will follow during the audit process.

Audited: Center or Unit that is audited.

Audit Team: Group of people with competences to carry out an audit and who respond to the following profile:

- Training: Graduates who, preferably, have training that enables them to design and implement quality management systems and training in quality audits accredited by certifying bodies (AENOR, ANECA, EFQM, etc.)
- Experience: Quality technical professionals in higher education institutions with at least three years of experience in the design and implementation of quality assurance systems in centers and in the development of internal quality audits (at least as auditor in training) . Experience in external audits is valued.

Non-conformance: Documented and reasoned specification of non-compliance with a requirement by an external evaluator competent in the management of the Center in its different actions (administration, quality, teaching, etc.). The amendments made to the projects and monitoring of the Titles, Centers, etc. are included in this definition.

Potential Non-conformance: It is understood as such, the detection and documented communication of a possible Non-Conformity, by an external evaluator to the Center as of any member of the university





community. The proposals for improvement made to the projects and monitoring of the Titles, Centers, etc. are included in this definition.

5. DEVELOPMENT OF THE PROCEDURE

The protocol that is followed for the preparation and execution of the internal quality audits consists of the following processes that are detailed below.

The Vicerrectorado with quality competences prepares and disseminates, annually, a program of internal quality audits according to the detected needs, as well as with the quality programs and regulations established in relation to quality. Likewise, the Vice-Rectorate selects the audit team that will perform each of the audits. Each of the people who make up the audit team signs an ethical code for the development of internal quality audits at the University of Las Palmas de Gran Canaria.

Each internal audit is developed through the following stages:

- Preparation of the internal quality audit plan by the Institutional Assessment Cabinet (GEI).
- Notification and negotiation of the internal quality audit plan with the quality manager of the center or unit to be audited.
- Preparation of material and review of documentary evidence. If necessary, request the applicable documentation.
- Visit the center or unit and make contact with its members.
- Collection and verification of information.
- Preparation and presentation of the interim quality internal audit report.
- Establishment of a period of allegations to the interim quality internal audit report.
- Preparation and dissemination of the internal quality audit report.

After the development of the audits, both the Vice-Rector's office and the center or unit subject to audit report on the results thereof. The audited units undertake, if necessary, to carry out the necessary actions to correct detected non-conformities, which are the object of their competence. In addition, these nonconformities are subject to review in the following audits or evaluation processes.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice-Rector with competence in Quality, or person delegated, proceeds to review this procedure, every two years or previously if the applicable regulations are updated, obtaining as evidence a document detailing the strengths, weaknesses and improvement proposals (if applicable) on the execution of the procedure.

The Vice-Rectorate with competence in quality informs of the implementation of this procedure to the Institutional Quality Commission, which disseminates the results to the different interest groups (university community and society in general), together with the rest of institutional procedures, and takes decisions about improving this procedure.

7. ARCHIVE





PEC-01 STRATEGIC PROCEDURE FOR THE ELABORATION AND UPDATING OF THE CENTER'S POLICY

RESPONSIBLE: DEAN

1. PURPOSE

The purpose of this procedure is to document and establish the processes by which the policy and objectives of the center are elaborated, updated, approved and disseminated, including those of quality, in order to ensure that the management of the Veterinary Faculty is directed towards the achievement of an optimal and quality training.

2. SCOPE

This procedure is applied annually and affects all personnel, students and the Degrees of the Veterinary Faculty

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Center Policy: Global intentions and orientation of an organization related to its commitment to staff, students and society in general.

Objective: Specification of the general policy of the Center in a particular aspect that is intended to be achieved. The objectives can be extended in a way that corresponds to a guideline of the Center, so it would require more specific, depending on the extent different classifications of objectives are allowed, the most usual being the general objective or specific objective.

Quality Objective: Specification of the general policy of the Center in a particular aspect that is intended to be achieved related to the improvement or maintenance of the optimal state of the institution.

Goal: Specific value that is intended to be achieved and that allows the analysis of the achievement of the objective.

5. DEVELOPMENT OF THE PROCEDURE

The protocol to follow in this procedure consists of the following phases.

- The Vice Dean of Quality of the Faculty of Veterinary Medicine makes a diagnosis of needs in relation to the Policy and Objectives of the Center, including support services to the Dean related to culture and sport. Attending to the external requirements (international, national, regional norms in relation to higher education and quality in addition to the institutional requirements (Strategic Plan of the current University, requirements of the Vice-Rectorate with competence in Quality, etc.) and the Annual Report of the Center of the previous academic year, as well as other documents that are considered relevant, justifies the recommendation to define or reformulate the Center's policy.
- In the event that the definition or reformulation of the Center's Policy is recommended, the Center's Management Team (ED) prepares a proposal based on the aforementioned recommendations and documents.
- In any case, in order to display the Center's Policy (whether it is new or the same as the previous year) in the current academic year, the ED must propose the specific objectives of the Center and, for this, also has as reference the Annual Report of the previous academic center. The specific objectives are defined according to the objectives of management and the objectives of processes and are proposed in such a way that they are measurable, therefore, the battery of indicators needed for their review is also detailed, for which the Center uses the battery as a reference of indicators established by the Vice-rectorate with quality competencies. To





help define and plan the specific objectives, the Institutional Assessment Cabinet (GHG) draws up a document as a guide in this phase.

- The documents generated by the ED are reviewed by the Quality Assurance Commission (CGC), which ensures that the Center's Policy corresponds to the external and internal regulations of the University of Las Palmas of Gran Canaria (ULPGC) and that the annual objectives are specific and measurable.
- The Center's Policy and / or Quality Objectives proposal is presented to the Center Board for approval.
- After its approval, the Dean of the Center signs the documents and disseminates them to the internal and external stakeholders of the Center (students, faculty, administration staff and university community of the ULPGC and society in general) according to the key procedure for the Public information.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Management Team of the Faculty of Veterinary Medicine proceeds at least every two years, to the control and monitoring of this procedure, obtaining as evidence a report detailing the strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the policy of the center is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in section 5 of this procedure.

7. ARCHIVE





PCC-01 KEY PROCEDURE FOR UPGRADING THE INCOME PROFILE AND INCOMING STUDENTS

RESPONSIBLE: DEAN

1. PURPOSE

The purpose of the present procedure is to establish the actions to define the entry profile and the student recruitment plan in each of the degrees offered by the Faculty of Veterinary Medicine, with the general purpose of carrying out a plan to recruit students accordingly, with the defined profile and the offer of places of each degree.

2. SCOPE

The procedure is applied, annually, to all the degrees that are taught in the Veterinary Faculty.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Income profile: conceptual description of the desirable characteristics of the new student in terms of knowledge, skills and favorable attitudes to study and finish with higher chances of success the studies he initiates. It also gives an account of the academic options studied, academic notes obtained and data of a sociological nature of interest.

Student recruitment plan: Set of activities planned and intended for potential students to inform them about the Center's training offer.

5. DEVELOPMENT OF THE PROCEDURE

5.1. ADMISSION PROFILE:

The protocol to follow to update the income profile consists of the following phases:

- ☑ The entrance profile of the degree is defined according to the institutional procedure for the design or modification of the official training offer. The updating of this profile is the responsibility of the Teaching Advisory Commission (CAD), after analysing the reference frameworks regarding the entry profiles and the study of the current situation of the nearest university system, the social environment and the professional environment. It is important to reflect on whether the students who access the degree are motivated and have a good academic background and, therefore, on what is the student profile that best suits the degree. This reflection will consider the demand data from previous years, as well as the real income profile reached.
- ☑ Subsequently, the entry profile is reviewed by the management team and sent to the Board of the Center for approval.
- ☑ Once the entry profile of a degree has been approved, it is disseminated to society in general and to potential stakeholders through the recruitment actions, as specified below (see Key Public Information Procedure).

5.2. STUDENT RECEPTION

The protocol to follow for the recruitment of students consists of the following phases:

- ☑ The Center, through the Commission with competencies in student recruitment, designs or updates, according to the needs, a student recruitment plan that allows to incorporate qualified students both from the academic and vocational point of view, this planning is designed attending to the framework of the policy of the ULPGC, for this:





- o Contact the Vice-Rector's office with competences in students to have the planning of actions that have been planned in the ULPGC.
- o Program recruitment actions: conferences, open days, dissemination and publicity mechanisms, etc. These actions are also developed in a unified manner with the Vice-Rector's office with competences in students, with other centers of the ULPGC, with companies related to the degree, professional associations, etc.
- ☑ The recruitment plan is reviewed by the Management Team and approved by the Board of the Center.
- ☑ Once approved, it is disseminated to the stakeholders according to the key public information procedure and begins the execution of the programmed actions for the recruitment of students.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Dean proceeds, at least every two years, to the control and monitoring of this procedure, obtaining as evidence a report detailing the strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the definition or update of the student's income profile and the student recruitment plan are developed following the support procedure of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PCC-02 KEY PROCEDURE FOR THE PLANNING OF THE TEACHINGS

RESPONSIBLE: VICEDEAN OF ACADEMIC AFFAIRS

1. PURPOSE

The purpose of this procedure is to establish the actions by which the Veterinary Faculty guarantees the planning of the teachings, with the purpose that the training programs that are offered are implemented in accordance with the forecasts made.

2. SCOPE

This procedure is applied, annually, to all the official qualifications offered by the Faculty of Veterinary Medicine.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Teaching Organization Plan of the Center: It is the result of the organization, by the Centers, of the teaching and the academic, administrative and management processes leading to the obtaining of official titles and validity throughout the national territory.

5. DEVELOPMENT OF THE PROCEDURE

The procedure begins with the establishment of the offer of elective subjects by the Center, through the Vice Dean with competence in Academic Planning, in coordination with the departments and with the approval by the Board of the Center of said offer. This is sent to the Vice-rectorate with competences in Academic Planning before January 31st.

Regarding the degrees not adapted to the EHEA, the Faculty of Veterinary Medicine, through the Teaching Advisory Commission (CAD) and before March 15, establishes the list of subjects of their study plans that are offered for the following course as matters of free configuration. To do this, before March 1, the departments make their proposals and indicate the center or educational centers to which these subjects are addressed. The Vice Dean with competence in Academic Planning of the Faculty of Veterinary, before March 15, sends the proposal of the Initial Teaching Organization Plan to the Vice-Rector with competences in Academic Planning and the affected departments, once it has been approved by the DAC of the corresponding qualifications. Such proposal includes the assignment of subjects to areas of knowledge, the teaching groups and the schedules and dates of examinations.

Approved the initial Teaching Organization Plan by the Vice-rectorate with competences in Academic Planning, the departments assign teachers to the subjects, appoint coordinators and managers, establish tutorial schedules and approve the Teaching Project of each of the subjects, in a session of the Council Department held before April 30.

Once the global offer of free configuration made by the University is known, the Faculty of Veterinary Medicine determines, before April 30, the list of subjects offered that are incompatible for their students. This list of incompatibilities is approved by the CAD. The institutional offer of the subjects of free configuration and the optional ones is established by the Vice-rectorate with competences in Academic Planning before March 15. The Vice Dean of Academic Planning at the Center, before June 10, reports on those subjects of free choice that are considered incompatible with each of their degrees not adapted to the EHEA.

The approved educational projects and the assignment of professors made by the departments are informed by the CAD. In the event that a Commission does not ratify any teaching project or teacher assignment in a





certain subject, a reasoned report is sent to the department with the suggestions it deems appropriate before May 20, detailing the circumstance that needs to be corrected .

If the Department Council does not accept the report of the CAD, all documentation is sent to the Vice-rectorate with competence in Academic Planning, who resolves within a period of one month (counting from its reception). For this, it has the advice of experts from the field of knowledge and of the degree, the latter proposed by the governing bodies of the teaching center and the department involved.

The definitive Teaching Organization Plan of each degree, which incorporates all the previously detailed documentation, is approved by the Center Board and sent to the Vice-rectorate with competences in Academic Planning before June 10 and published before June 15. To do this, the telematic applications are used, of which the ULPGC has (ULPGes program).

The Management Team disseminates teaching projects, calendars, etc. to all the internal and external interest groups to the Center and to the ULPGC (members of the university community and society in general) through the key procedure of public information.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice Dean of Academic Planning proceeds, at least every two years, to the control and monitoring of this procedure, obtaining as evidence a report detailing the strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean with Quality competences for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the planning of the lessons is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PCC-03 KEY STUDENT GUIDANCE PROCEDURE

RESPONSIBLE: VICEDEAN OF ACADEMIC AFFAIRS

1. PURPOSE

The purpose of the present procedure is to establish the systematics in which the Veterinary Faculty defines and applies the Student Orientation Plan, with the purpose that, through orientation actions, students achieve a successful learning and obtain their maximum benefit.

2. SCOPE

Student orientation processes affect the Official Qualifications of the Faculty of Veterinary Medicine and are applied annually.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

It is not considered necessary to establish definitions in this procedure.

5. DEVELOPMENT OF THE PROCEDURE

The protocol to follow for student orientation consists of the following phases:

- ☐ Based on the entry and exit profiles of the degrees and the Center's Objectives regarding student orientation, the Commission with guidance competencies defines or updates, as the case may be, a draft of "Tutorial Action Plan and Orientation" to the student".
- ☐ This draft is sent to the Management Team for its review and, subsequently, to the Center Board for approval, and to the Vice-rectorate with competences in Academic Organization, who must also approve it.
- ☐ The final Tutorial and Student Orientation Action Plan (PATOE) will be disseminated to all internal and external stakeholders (members of the university community and society in general) through the center's key procedure for public information.
- ☐ Regarding the periodicity of each activity, the specific PATOE programs are planned and executed, related to reception actions, guidance on studies, psychopedagogical counseling and professional guidance. It is important to develop actions that provide students, especially the first income, with the information necessary for their integration in university life (university regulations, schedules ...), as well as services, activities and supports to meet their academic needs (study techniques, basic training courses "courses of harmonization of knowledge", advice on academic itineraries ...), and personal (accommodation, scholarships ...). The Teaching Advisory Commission (CAD) determines the degree tutors needed to conduct the orientation on each degree, in turn, the Center can make use of other means such as students of higher courses, professionals in the specific work areas of the degrees, etc. to implant the PATOE.
- ☐ The actions of the specific programs are coordinated by the Commission with competences in orientation or, failing that, by the Management Team, verifying if they conform to the PATOE.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice Dean of Academic Planning, at least every two years, to the control and follow-up of this procedure, obtaining as evidence a report detailing strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.





The measurement, analysis and rendering of accounts of the results of the orientation to the student is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PCC-04 KEY PROCEDURE FOR THE MANAGEMENT OF STUDENT MOBILITY

RESPONSIBLE: VICE-DEAN OF STUDENTS, MOBILITY AND EXTERNAL PRACTICES

1. PURPOSE

The purpose of the present procedure is to establish the systematics to be applied in the management of student mobility in order to guarantee the quality of student stays and the acquisition of knowledge and skills in accordance with the objectives of the degrees.

2. SCOPE

This procedure is applied annually to students of the Faculty of Veterinary Medicine who meet the criteria for student mobility as well as students from other universities and received at the Center.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Student mobility: possibility or action to spend a certain period of time studying or researching in another institution of higher education in the country or abroad. Mobility must be associated with a specific program or agreement that regulates the academic recognition of the subjects studied during the stay.

Academic recognition: validation of the study program completed by a student in his period of mobility as equivalent to studies at the university of origin.

Contract of Studies, Academic Agreement, or Learning Agreement: document in which the study program to be studied by the student in the destination University during their period of mobility is collected. Collect the corresponding academic recognition at the University of origin, if the established program is successfully passed.

Certificate of notes or Transcript of Records: document in which the academic performance reached by the student in his period of mobility is collected.

5. DEVELOPMENT OF THE PROCEDURE

5.1. GENERALITIES

The procedure begins with the organization and planning of the mobility program. For this, it is necessary to establish agreements or agreements with universities or other institutions, whose responsibility corresponds to the service with competencies in the mobility program of the ULPGC. This service establishes the agreements with the support and approval of the Vice Dean with competences in International Relations at the center, once he has heard the opinion of the Commission for Academic Exchange and Recognition Programs (CPIRA). Annually, the CPIRA, together with the Vice Dean of Students, Mobility and External Practices, organizes and plans the mobility program in the center. In this annual organization, it is taken into account if the existing agreements or agreements are maintained or if new agreements are required.

The CPIRA, the Vice Dean for Students, Mobility and External Practices and the International Relations Office of the ULPGC, prepare the material to inform and disseminate the operation and organization of this program (the information prepared by the International Relations Office of the ULPGC it is more generic and that of the





center more concrete in terms of the peculiarities of its program). From this point, it is necessary to distinguish two subprocesses, depending on whether students are sent (outgoing) or received (incoming).

5.2. OF APPLICATION TO THE MANAGEMENT OF MOBILITY OF STUDENTS SENT

The protocol to follow for the management of the mobility of the students of the ULPGC sent consists of the following phases:

- ☒ Publication of the call and request for places. The International Relations Office of the ULPGC, disseminates to all the groups of interest of the ULPGC the call for mobility in the center for the selection of students. In said publication, the dates, terms and selection criteria are established.
- ☒ Selection of students and allocation of places. The CPIRA and the Vice Dean of Students, Mobility and External Practices, select, among the applicants, the students who will participate in the program, taking into account the criteria and procedures clearly established in the call.
- ☒ Management of the paperwork of the students sent. Depending on the mobility program in question, the responsibilities fall on different units or persons:
 - o The management of administrative procedures related to financial aspects corresponds to the International Relations Office of the ULPGC, to the Coordinator of Academic Exchange and Recognition Programs and to the CPIRA.
 - o The management of academic procedures (approval of the Learning Agreement or study contract, academic recognition and qualifications) corresponds to the Coordinator of Academic Exchange and Recognition Programs
 - o The Administration of the Building of the Center is responsible for incorporating, in the groups of corresponding minutes, the students who participate in the different mobility programs, once defined by the CPIRA the academic programs that the students will take, after checking and regularization, if applicable, of the enrollment of the subjects included in the study contract. Likewise, and together with the Vice Dean for Students, Mobility and External Practices, he is responsible for the administrative procedures for sending the documentation to the universities of destination.
- ☒ Incorporation of students to the destination university.
- ☒ End of the student's stay and re-entry to the ULPGC. Management of the necessary procedures for the academic recognition of the credits completed by the students sent, for this the CPIRA, the Coordinator of Programs of Academic Exchange and Recognition and the Administration of the Building of the Center, are in charge of the incorporation to the file of the students of the qualifications collected in the transcripts of records, with the corresponding qualification conversions when the program so requires.

5.3. OF APPLICATION TO THE MANAGEMENT OF THE MOBILITY OF STUDENTS RECEIVED

The protocol to follow for the management of the mobility of the students of the ULPGC received consists of the following phases:

- ☒ Welcome of the students and information and general orientation about the program. The first general information of the students is carried out by the Vice-rectorate with competences in International Relations and the International Relations Office of the ULPGC. At the Center, the student is received by the Vice Dean of Students, Mobility and External Practices and by the CPIRA.
- ☒ Enrollment, information and guidance to students. This procedure is carried out when the student arrives at the Center and is developed by the Exchange Program Coordinator of the Center, who provides the registration forms and sends them to the Building Administration, so that the registration process is carried out. of student.
- ☒ The teaching and learning process of these students. This process is carried out as indicated in the key procedure of the center for the development of teaching and evaluation of students.
- ☒ End of the stay. The administrative procedures for closing the student's stay (certificates of stay and transcript of records) are managed through the Building Administration.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT





The Vice Dean of Students, Mobility and External Practices proceeds, at least every two years, to the control and monitoring of this procedure, obtaining as evidence a report detailing the strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean with Quality competences for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the student mobility management is developed following the support procedure of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PCC-05 KEY PROCEDURE FOR THE DEVELOPMENT OF TEACHING AND EVALUATION OF STUDENTS

RESPONSIBLE: VICE-DEAN OF ACADEMIC AFFAIRS

1. PURPOSE

The object of the present procedure is to establish the general systematics for the teaching of the subjects and the evaluation of the students, with the purpose of guaranteeing the learning of the students.

2. SCOPE

The systematics of teaching of the subjects and evaluation of students is applied, throughout the academic year, to the Official Qualifications of the Veterinary Faculty.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Evaluation: Assessment of the learning that is done to a student in a qualitative and quantitative level according to some conceptual, procedural and attitudinal objectives.

5. DEVELOPMENT OF THE PROCEDURE

The professor or professors assigned to the subject impart the subjects as specified in the Teaching Project of the subject and in the facilities and schedules determined for it, by the Center, in the Teaching Organization Plan.

At the beginning of the semester, the teacher presents the Teaching Project to the students and details, on the one hand, the curricular characteristics: objectives, competences, relationship with the curricular maya of the degree, syllabus, etc. On the other hand, the didactic characteristics: methodology, tutoring system, evaluation and resources available to the student for learning, resources related to infrastructures and which are the responsibility of the Center (face-to-face classrooms, virtual classrooms, laboratories, library, facilities of companies or other educational institutions, etc.), in addition to resources related to learning materials and which are the responsibility of the teacher (guides, notes, multimedia presentations, etc.).

In the course of the semester the teacher organizes and executes the teaching of the subjects (design and application of activities and teaching materials) and the students study, actively participate in the academic activities designed by the teacher to complete their training and, in the case from the face-to-face studies with full-time students, they regularly attend the theoretical and practical classes. Together, the Center has mechanisms for the systematic coordination of subjects in which teachers participate throughout the academic year.

The evaluation process of the students is carried out, as a general rule, continuously throughout the school period through the relevant tests (exams, papers, exhibitions, essays, practical cases, etc.), which can be completed with the completion of specific tests in the exam period. However, the evaluation of part-time students must be adapted to their circumstances, in these cases, a global test of the subject is carried out during the exam period. The faculty qualifies the tests, communicates them and establishes a review and consultation period in which the students can analyse the results together with the teacher. The custody of the





tests is the responsibility of the teaching staff until the end of the following academic year. The final grades are reported in the academic records to the student. In the event that the student does not agree with the final grade, he / she can submit a written complaint to the Dean of the Center, which is processed as established in article 43 of the "Regulation of Evaluation of Learning Outcomes and of the Competences Acquired by the Student in the Official Titles, Own Titles and Continuing Education of ULPGC".

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice Dean of Academic Planning proceeds, at least every two years, to the control and monitoring of this procedure, obtaining as evidence a report detailing strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean with Quality competences for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the development of the teaching and evaluation of students is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals will be applied as determined in the strategic procedure for the elaboration and updating of the policy of the Center.

7. ARCHIVE





PCC-06 PROCEDURE FOR THE MANAGEMENT OF FINAL DEGREE PROJECT

RESPONSIBLE: VICE-DEAN OF ACADEMIC AFFAIRS

1. PURPOSE

The purpose of the present procedure is to establish the systematics to be applied in the management of the final projects, with the purpose that the students can develop the competences and knowledge acquired as a culmination of their studies and as preparation for the performance future of professional activities in the field corresponding to the degree obtained.

2. SCOPE

This procedure is applied each time an End of Degree Project is implemented in any of the official degrees taught in the Faculty of Veterinary Medicine.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Final Degree Project (TFT): it is an autonomous and individual work that each student will do under the guidance of an academic tutor, who will act as a facilitator and activator of the learning process. The realization of a TFT aims to develop a work in which the university student develops the skills and knowledge acquired, theoretical and practical as the culmination of their studies.

Academic tutor: person responsible for undertaking the academic direction, supervising and guiding the student's work in the realization and presentation of the TFT.

5. DEVELOPMENT OF THE PROCEDURE

The protocol to follow for the management of the End of Title Works (TFT) consists of the following phases:

- ☒ The End of Degree Work Commission (TFG) assigns the academic tutors to the received TFG requests. The deadlines and the procedure are detailed in the TFG Regulations. The documents are published on the Web of the Faculty.
- ☒ The Teaching Advisory Commission (CAD) of the Master assigns the academic tutors to the Master's Final Project (TFM) applications received. The deadlines and the procedure are detailed in the TFM Regulations. The documents are published on the Web of the Faculty.
- ☒ The TFG Commission and the Master's CAD assign a TFG and TFM tribunal to each TFT proposal, respectively, and decide on the date of the presentation and defense.
- ☒ The Dean communicates the appointment to the professors and invites the students to present the TFT.
- ☒ In each regulation the deadlines and the documentation to present for the presentation of the TFT are established.
- ☒ Each TFT regulation establishes specific rules for defense before the court.
- ☒ The TFG Commission and the Master's CAD create the instructions for the courts, the rubric for the evaluation and the instructions for the preparation of the report. All information is published on the website of the Faculty, section End-of-Degree Work and Master's Thesis.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT





The Vice Dean of Academic Planning proceeds to the control and monitoring of this procedure, at least every two years, obtaining as evidence a report detailing strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the management of the works of title is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PCC-07 KEY PROCEDURE FOR THE MANAGEMENT OF EXTERNAL PRACTICES

RESPONSIBLE: VICE-DEAN OF STUDENTS, MOBILITY AND EXTERNAL PRACTICES

1. PURPOSE

The purpose of the present procedure is to establish the systematics to be applied in the management of the external practices offered by the Faculty of Veterinary Medicine (through their degrees), with the purpose of guaranteeing that students acquire knowledge and skills in accordance with the objectives of the degrees.

2. SCOPE

This procedure is applied every time subjects are taught that involve the development of external practices, that is, external curricular practices of the degrees taught in the Faculty of Veterinary Medicine.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

External practices: they constitute an activity of a formative nature supervised by the university institution, whose objective is to allow students to apply and complement the knowledge acquired in their academic formation, favoring the acquisition of skills that prepare them for the exercise of professional activities and facilitate their employability. The external internships are carried out in companies, entities and institutions, including the University itself, according to the planned modality.

Curricular practices: These are the external practices that have their origin in the various curricula, both official and those of the ULPGC, as well as the practicum contemplated in the ministerial orders for which the cards are published on which to base degrees with recognized professional attributions. These practices must be established as subjects of the curriculum.

Extracurricular practices: These are external internships that students perform on a voluntary basis, during their training period and that, even if they have the same purposes, are not included in the study plans, without prejudice to their subsequent mention in the European Diploma Supplement. .

5. DEVELOPMENT OF THE PROCEDURE

The protocol to follow for the management of external practices consists of the following phases:

☐ Organization and planning of external practices. The Subcommittee on External Practices and Ambulatory Clinic of the Commission of Tutored Practices is responsible for organizing and planning the External Practices in the case of the Degree. The Teaching Advisory Committee of the U. Master in Veterinary Clinic and Therapeutic Research is responsible for organizing and planning external practices. In the organization of the practices, the Teacher Organization Plan and the Study Plan are taken into account, taking into account the objectives of the Center that refer to them. For the planning of the practices, the commission takes into account the bag of external internships of students formalized by the University through the signing of agreements with companies, entities, associations or institutions for the practical training of their students. The responsible of establishing these agreements is the General Committee of External Practices of the ULPGC and is formalized on behalf of the University by the Rector of the ULPGC.

☐ Offer and dissemination of external internships. Established the agreements and organized the internship program by the commission, the Vice Dean of Students, Mobility and External Practices (degree) and the





Coordinator of the Master reviews the information and material to inform and disseminate the operation and organization of such practices to students of the degree. This information is found in the teaching projects of the subjects, coordinated by those responsible and on the Faculty website, within each title, External Practices section.

☐ The respective committees of the Center delegate to the Dean's Office the appointment of academic tutors (Tutor ULPGC) and their assignment to students.

☐ The student, after contacting the company and agreeing to an internship with his Tutor Company, sends a credential request to the administration of the dean of admon_dec_fv@ulpgc.es using the form established for it on the Faculty website. The Deanship carries out the assignment of the ULPGC tutor in the own credential in alphabetical order of surname among the professors assigned in the teaching project and adjusting to the teaching assignment of the same. The assignment is made according to the order of arrival of each credential request. For the issuance of credentials, the computer application <http://practicascurriculares.ulpgc.es> is used.

☐ Implementation of the practices. The practices are carried out by the students with the support of the tutors (academic and business, entity or institution), attending to the project of the subject and the key procedure for the development of the teachings and evaluation of the students, taking into account that the final grade will be supported by the report of the tutor of the company and the report on the practices prepared by the student.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice Dean of Students, Mobility and External Practices proceeds to the control and monitoring of this procedure, at least every two years, obtaining as evidence a report detailing strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the management of the external practices is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PCC-08 KEY PROCEDURE FOR PUBLIC INFORMATION

RESPONSIBLE: VICE-DEAN FOR QUALITY ASSURANCE

1. PURPOSE

The purpose of this procedure is to establish the way in which the Veterinary Faculty disseminates the information related to the degrees it offers and the processes it develops, with the purpose of guaranteeing that the interest groups are informed of the Center's activity.

2. SCOPE

The information management that is disseminated in the Faculty of Veterinary Medicine is applied, throughout the academic year, to all information related to the disclosure of actions, qualifications and results, which are generated from the implementation of processes necessary for the operation from the center.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Stakeholders: Any person, group or institution that has an interest in the Center, in the teachings or in the results obtained. These could include students, teachers, parents, public administrations, employers and society in general.

5. DEVELOPMENT OF THE PROCEDURE

5.1. GENERALITIES

The Quality Assurance Commission (CGC) can establish criteria for each of the media to be used (formats, styles, etc.), taking into account, in any case, the Corporate Identity established by the Communication Office of the University of Las Palmas de Gran Canaria (ULPGC). With the approval of the Management Team, these criteria are disseminated to the members of the Center, as the rest of the official communications, as indicated in sections 5.2, 5.3 and 5.4 of this procedure.

The planning, validation and dissemination of information relating to the management of the building administration (letter of administration services, specific hours of administration and services staff, etc.) is carried out by the Building Manager and, in cases where process, in collaboration with those responsible specified in sections 5.2, 5.3 and 5.4 of this procedure.

5.2. INFORMATION PLANNING

In the different procedures, the Faculty of Veterinary Medicine specifies the official contents that should be disseminated systematically, therefore the CGC, taking care of these in addition to the annual objectives of the Center, makes a planning of the dissemination of these documents and establishes: the necessary resources, means of communication that will be employed, responsible for its realization, interest groups to which it is addressed and periods. The planning is reviewed and approved by the Center's Management Team, after which the Vice Dean of Quality will inform those responsible for the preparation of documents and communications.

5.3. RECEPTION AND VALIDATION OF INFORMATIVE CONTENTS

The contents and documents of the official communications that should be disseminated by the Center, both those planned and those that arise in an unforeseen manner, are sent to the Vice Dean of Quality by those responsible for its preparation. Subsequently, the CGC reviews the adequacy of the contents, structure, formats, etc., also ensures that the Corporate Identity of the ULPGC is addressed.

5.4. DISSEMINATION AND UPDATING INFORMATION





Once the information has been validated, the Center Management Team or those responsible for each communication, as appropriate, disseminate the information, and they will also update the information when required. The Vice Dean of Quality assumes the responsibility to check the updating of the information published by the Center, sending any comments on the matter to those responsible for it to be attended.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Quality Assurance Committee proceeds, at least every two years, to the control and follow-up of this procedure, obtaining as evidence a report detailing strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the public information is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals will be applied as determined in the strategic procedure for the elaboration and updating of the policy of the Center.

7. ARCHIVE





PAC-01 SUPPORT PROCEDURE FOR THE MANAGEMENT OF QAS DOCUMENTS

RESPONSIBLE: VICE-DEAN FOR QUALITY ASSURANCE

1. PURPOSE

The purpose of this procedure is to establish the way to prepare, keep and record the documents related to the design and implementation of the Quality Assurance System of the Faculty of Veterinary Medicine, with the purpose of guaranteeing the officiality and accessibility to the current documentation of the System of Quality Guarantee Center.

2. SCOPE

The document management is applied to all the documents of the Quality Assurance System of the Veterinary Faculty, therefore, this procedure is applied whenever the design of the Manual of the Quality Assurance System and the registration of related documents is required. with the implementation of the Quality Assurance System of the Center.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Quality Manual: Document that specifies the Quality Assurance System of the Center (chapters and procedures).

Procedure: Specified and documented form to carry out an activity or a process.

Process: Set of mutually related or interacting activities, which transform input elements into results.

Document of Evidence: Document that presents testimony of the accomplishment of the activity or activities of the procedures.

5. DEVELOPMENT OF THE PROCEDURE

5.1. DOCUMENTS RELATIVE TO THE DESIGN OF THE QUALITY GUARANTEE SYSTEM OF THE CENTER

5.1.1. Elaboration

The documents of the Quality Assurance System (QMS) of the Faculty of Veterinary were initially generated from a Framework Model for the SGC of the ULPGC Centers established by the Vice-rectorate with competencies in Quality, this Vice-rectorate informed the Center of the documentation of the Model through a Regulation that standardized said Model and respective informative circulars in the Official Gazette of the University of Las Palmas of Gran Canaria (BOULPGC).

The Quality Assurance Committee of the Faculty of Veterinary Medicine is responsible for developing and updating the documentation of the QMS to match the characteristics of the Faculty and its titles, motivated by the annual objectives of the Center, strategic plans, external reports, changes in regulations, etc. This documentation complies with the design requirements established by the Vice-Rectorate with competence in Quality and which the Center collects and expands in Annexes 1, 2 and 3 (Structure of the manual, Structure of the procedure, Codification of documents). Once the documentation has been prepared, it is reviewed by the Dean of the Center and, if applicable, by the person responsible for the procedure involved. Regarding its official status, any document of the SGC comes into force when it is ratified by the Board of the Center, no document being considered valid until the approval has been signed and dated.

5.1.2. Conservation





The documents are filed by the Vice Dean of Quality. For this purpose, a physical location is available at the Center (Deanship, offices of Vice-Deans or the Administration) and a virtual space on the Center's intranet. Preferably, the documents are archived in digital format, so that members of the Center's management team have a "digital signature".

These spaces have access to both the Dean of the Center and the Vice Dean of Quality and the members of the Quality Assurance Committee.

When a document ceases to be in force, the Vice Dean with competence in quality makes it known to the interest groups of the center and proceeds to eliminate it from the official files, finally, it keeps a copy recognized under the heading of obsolete documents, less, until the next certification of the SGC and its Titles.

5.1.3. Diffusion

The official documents are publicly disseminated on the Quality of the Center website, it contains the updated version of all of them in pdf format, with restricted use (modification, copying and printing) or be clearly identified as uncontrolled copies. In addition, the Vice Dean of Quality performs all necessary actions to promote knowledge of the documentation by the community of the Center and, especially, those responsible for the procedures and actions specified in them.

5.2. DOCUMENTS RELATING TO THE IMPLEMENTATION OF THE QUALITY ASSURANCE SYSTEM OF THE VETERINARY SCHOOL

5.2.1. Elaboration

During the implementation of the Center's QMS, a variety of documents are used and generated, which we classify as documents applicable to the QMS and evidence documents.

to. The documents applicable to the SGC are those that are generated in the work dynamics of administrative management and whose documentary and official structure responds to the internal regulations or instructions specified by each entity or unit responsible for its preparation. Among these documents are:

- Support documents, which are created to specify the processes and systematize activities not detailed in the QMS procedures such as manuals, guides, instructions, etc.
- Documents that certify adopted agreements and decision making in relation to the SGC such as, minutes of the Management Team, meetings with the institutional units, agreements of the Government Team of the University, etc.
- Documents of external origin that are applied in the management of the center such as, legal regulations, requirements of quality programs, etc.

b. The documents of evidence of the SGC are those that are generated by the implementation of the same and whose documentary and official structure responds to what is specified in each procedure of the QMS or quality program in which it participates. Among these documents are:

- Proceedings of the Quality Assurance Committee
- Documents that verify the realization of the processes specified in the SGC such as schedules, activity reports, reports, etc.
- Participation documents in quality programs such as certifications, external reports, etc.

5.2.2. Conservation

The conservation and filing of this documentation depends, in particular, on what is established in the different regulations and in the QMS procedures themselves. However, in general, it is established that, in addition to the file that corresponds to each responsible unit, the Vice Dean of Quality files, in the quality spaces, a copy of the original document, or at least, a document with its identification, responsible and location.

5.2.3. Diffusion

The dissemination of this documentation is done by each entity or unit responsible for its preparation to the groups of interest to which it is intended and the dissemination of each evidence is specified in the procedures of the QMS or in the quality program in which it participates. Even so, and at least in relation to the documents





that are the responsibility of the Center, the Vice Dean of Quality, elaborates and disseminates on the Center's website:

- A list of evidences and documents, by academic course, in which the content of each document, location and date of obtaining it is identified. This list is published annually on the quality website of the School of Veterinary Medicine.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice Dean of Quality proceeds, at least every two years, to the control and monitoring of this procedure, obtaining as evidence a report detailing the strengths, weaknesses and proposals for improvement on the execution of the procedure.

The measurement, analysis and rendering of accounts of the documentary management, is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PAC-02 SUPPORT PROCEDURE FOR THE MANAGEMENT OF MATERIAL RESOURCES

RESPONSIBLE: DEAN

1. PURPOSE

The purpose of this procedure is to establish the systematics to be applied in the management of the material resources destined for teaching in the Faculty of Veterinary with the purpose of being adapted, permanently, to the needs and expectations of its stakeholders.

2. SCOPE

This procedure is applied, annually, to all the material resources of the Center.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Material resources: the facilities (classrooms, study rooms, computer rooms, teaching laboratories, meeting rooms, library reading stations, tutorials offices) and the equipment (scientific, technical, assistance and artistic material) with which develops the teaching-learning procedure.

5. DEVELOPMENT OF THE PROCEDURE

5.1. IDENTIFICATION OF MATERIAL RESOURCES NEEDS

Both the students and professors and the administration and services staff of the Faculty of Veterinary Medicine can request, at any time, the acquisition of resources for the Center through the form provided for it in the Administration of the Building.

Annually, the Dean, in coordination with the Building Administrator, identifies the needs of the Center's material resources, for which purpose the established objectives will be taken into account through the elaboration and updating of the Center's Policy as well as the requests that have been received from the different interest groups. Once the needs have been identified, the resources to be acquired are proposed by the Administration of the Building and by the Administration of the Deanery.

5.3. PLANNING OF THE ACQUISITION

The planning of the acquisitions of material resources is carried out by each person in charge of the administration or persons in whom they delegate. Depending on the nature of the acquisition, these can be classified as:

- ☑ Acquisitions of current goods and services: those necessary for the ordinary operation of the Center (office supplies, lecturers' fees, formal expenses, etc.)
- ☑ Real investments: those that, depending on their amount and durability, increase the equity.

For each purchase an expense file is made, with the accounting documents and necessary memories in any case, and following the rules of budgetary execution and the selection of suppliers of the University, and depending on the economic characteristics of the expense, the corresponding regulations.

5.4. RECEPTION, REVIEW AND INVENTORY

The Administration and Services Personnel (PAS) with competence in purchasing management verifies the purchase, qualitatively and quantitatively, contrasting the material received with the request made. When the acquired resources need to be inventoried in accordance with the University budget execution rules, this process is carried out in the Administration, generating an inventory certificate that is signed by the Secretary of the Center.





5.5 MAINTENANCE AND INCIDENCE MANAGEMENT

On a regular basis, the operation of the facilities is checked by the staff of the Concierge. Any user of the facilities can report any anomalies or faults detected in them through a form found in the Building's Concierge, or through an email addressed to the Administration. The breakdown parts are managed by the Administration through a computer application.

Depending on the nature of the material resources, the maintenance of the same is assigned to different services:

- ☒ The maintenance of resources and premises is carried out, both in the preventive field and in the corrective, by companies hired by the University in a centralized manner. There are, on the other hand, a series of assumptions in which the maintenance of the facilities requires the intervention of the Works and Facilities Service of the University, which is responsible for managing minor works, repairs that affect electrical panels, etc. . In these cases, an administrative file managed by the Administration is generated.
- ☒ Regarding the maintenance of computer resources, the incidents that arise in them can be managed through the institutional website or the computer technical assistance telephone to the Computer Service (SI) of the ULPGC.
- ☒ The maintenance of audiovisual resources is carried out, in the first instance, by the auxiliary service staff and, in case of not being able to solve the breakdown, the Administration is contacted with the corresponding technical service.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Dean proceeds, at least every two years, to the control and monitoring of this procedure, obtaining as evidence a report detailing strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the management of the material resources is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PAC-03 PROCEDURE OF SUPPORT FOR THE MANAGEMENT OF THE SERVICES

RESPONSIBLE: BULDING ADMINISTRATOR

1. PURPOSE

The purpose of this procedure is to establish the system to be applied in the management of the services offered by the Administration of the Building and more specifically to manage, support, assist and advise the provision of university services related to the Faculty of Veterinary Medicine and other units and common services of the building, contributing in this way to the achievement of the purposes of the University and with the purpose of being adapted, permanently, to the needs and expectations of its stakeholders.

2. SCOPE

This procedure is applied, annually, to all the services that the Administration of the Building lends to the Faculty of Veterinary Medicine.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Services: Activity carried out by a specialized organization and designed to meet the needs of the teaching - learning process.

Documentation Registry Service. It consists of the service provided for the registration of entry and exit of documents in the administration and the dean.

Academic Management Service. Administrative activity to support the academic activity such as the issuance of certifications, registration, minutes, adaptations of study plans, recognition of subjects, transfer of credits, formal qualifications, end-of-degree and master's thesis, management of fees, transfers of file, etc.

Economic and Budgetary Management Service. Administrative activity for the management of the acquisition of goods and services, control and management of the inventory, processing of personnel displacement, management of suppliers, subsidies and aid, management of payments, etc.

Service of Use and Conservation of the Building. Activity developed by the ULPGC's own staff through the Ministry or Maintenance Services carried out by the University's Works and Facilities Service (SOI). Likewise, the maintenance service of minor works developed by external companies is included.

Outsourced Services. Activity of supervision of the Administration of the Building on Services rendered in the Veterinary Faculty by companies with contract signed with the ULPGC to provide services such as Security, Cleaning, Cafeteria, Gardening, Pest Control, etc.

User Registration Service before the National Currency and Stamp Factory (FNMT). Support activity for the issuance of the digital certificate.

5. DEVELOPMENT OF THE PROCEDURE

The support services to the Center for the development of the academic activity that are regulated in this procedure are those provided by the Administration of the building: Documentation Registration Service, Academic Management Service, Economic and Budgetary Management Service, Use Service and Building Conservation, Outsourced Services and User Registry Service before the National Currency and Stamp Factory (FNMT).

5.1. DEFINITION OF COMMITMENTS

The commitments of the services related to the administration of the building are defined by the Manager and the Building Manager, according to the needs expressed by the deans / managers of the Centers and units





(departments, general services, etc.), which are of its competence and, in general, to those manifested by the students, faculty, and administrative and services personnel who carry out the activities in their dependencies and their rights. These commitments are drafted in a Services Charter.

5.2. PLANNING OF THE ACTIONS

The Building Manager plans the activities of its services in collaboration with the persons assigned for its execution and taking into account the working conditions of the personnel. It specifies the necessary resources, the indicators for its measurement and the measures to correct the breaches. Planning is communicated to the service personnel.

Commitments, indicators and mechanisms to correct breaches are disseminated both to the entire educational community of the University (students, teaching and research staff and administration and services staff) and to society in general, through the channels established for this purpose.

5.3. EXECUTION OF SERVICES

The execution of the activities corresponds to the assigned personnel, as specified in the planning, supervision and coordination of the activities corresponds to the Building Administrator. When appropriate, any user of the services can report anomalies in its execution by communicating directly to the Building Administrator for its rapid correction, in the event that the user deems it convenient to make a complaint, suggestion or formal congratulation, proceed as is It is established in the Institutional Procedure for the management of complaints, suggestions and congratulations.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Building Manager proceeds, at least every two years, to the control and monitoring of this procedure, preparing a report detailing strengths, weaknesses and proposals for improvement on the execution of the procedure. These documents are delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the management of the services is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied by the Manager and the Building Manager in the definition and planning of the annual objectives.

7. ARCHIVE





PAC-04 SUPPORT PROCEDURE FOR THE MANAGEMENT OF THE EXTINCTION OF THE TEACHINGS

RESPONSIBLE: VICEDEAN OF ACADEMIC AFFAIRS

1. PURPOSE

The purpose of this procedure is to establish the systematics to be applied in the extinction and suppression of official degrees that have been implemented in accordance with the guidelines defined according to the new model of Higher Education with the purpose of guaranteeing the adequate development of the teachings that their students had begun until their completion.

2. SCOPE

The extinction of a teaching is applied to any Bachelor, Master and Doctorate degree, valid throughout the national territory, and when so determined by the Government Team of the University of Las Palmas de Gran Canaria (ULPGC).

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Suspension of the Teaching / Title: process by which a degree ceases to be taught at the University. In the development of the same it is a priority to suppress the enrollment of new students as well as to guarantee the rights of already enrolled students, enabling the completion of their studies or the adaptation to other degrees.

5. DEVELOPMENT OF THE PROCEDURE

The procedure begins with the decision of the Governing Council of the ULPGC to suspend the title. The criteria for suspension of a title are the following:

- Negative accreditation report by the University Coordination Council.
- Failure to comply with the regulations of the Autonomous Community regarding the number of students enrolled.
- Because it is considered that the title has undergone a wide range of modifications so that there is an appreciable change in its nature and objectives.
- Failure to comply with the regulations and internal regulations of the ULPGC regarding the planning, development and review of official degrees.

The initial phase of the process is the responsibility of the Governing Council, which, through its Commission of Official and Official Degrees, ensures the proper development of the suspension of the teachings. To this end, the Commission prepares a report, which is approved by the Governing Council, which regulates aspects such as the calendar and extinction plan, the adaptation plan to other degrees, whenever possible, etc.

After the approval of the Report in the Governing Council and communication to the corresponding Center and to the interest groups (students, professors and administration and services personnel), the Center's Management Team, through the Vice Dean of Academic Planning, proposes to the Board of Center, for its approval, the mechanisms that guarantee the adequate effective development of the teachings that its students would have started until its completion, which contemplate, among others, the following points:

- Do not admit new entry registrations in the certification.
- The gradual elimination of the provision of teaching.





- The teaching of specific tutorial and orientation actions to the repeating students.
- The right to evaluation until consuming the calls regulated by the Statutes of the ULPGC.

These mechanisms are communicated to the students and faculty of the degree so that they can subsequently be implemented gradually.

In the event that the expiration of a degree taught in this center and that involves the substitution of another title of an official nature, the extinction calendar and the adaptation procedure will be included in the verification report of the new title, the elaboration of an extinction memory independently.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice Dean of Academic Planning of the Center proceeds to the control and monitoring of this procedure every time it is applied, that is, annually while there is a title of the Center in process of extinction, obtaining as evidence a report detailing the strengths, weaknesses and improvement proposals on the execution of the procedure. This document will be delivered to the Vice Dean with Quality competencies for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the management of the extinction of the lessons is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals will be applied as determined in the strategic procedure for the elaboration and updating of the policy of the Center.

7. ARCHIVE





PAC-05 SUPPORT PROCEDURE FOR THE SELECTION AND ADMISSION OF STUDENTS

RESPONSIBLE: MASTER DEGREE COORDINATOR

1. PURPOSE

The purpose of this procedure is to establish the way in which the Veterinary Faculty of the ULPGC guarantees and improves the quality of the selection and admission processes of its students. It is a process that is completely normalized and that is developed in a common way for all the ULPGC Centers, so this document will only show the selection and admission of the students of the Master's Degree in Veterinary Clinic and Research Therapeutic according to the criteria established in the title verification document.

2. SCOPE

This document is exclusively applicable to the degree of Master's Degree in Veterinary Clinic and Therapeutic Research (CVeIT).

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Score Merit assessment criteria.

Baremación. It consists of the application of the merit evaluation criteria presented by the applicants.

5. DEVELOPMENT OF THE PROCEDURE

As indicated in Section 1 (Object) this document is exclusively developed for the selection and admission of the students of the master.

5.1 SELECTION AND ADMISSION

The selection of students who have access to the Master's degree U. In Veterinary Clinic and Therapeutic Research that is taught at the Faculty of Veterinary Medicine of the University of Las Palmas de Gran Canaria is done in accordance with the current legislation and the rules of access and admission approved by the Autonomous Community and the ULPGC.

Each year the ULPGC approves the instructions regarding pre-registration and registration, which includes details of the procedure and application calendar. On the website of www.ulpgcparati.es each student requests pre-registration in the title.

In MiULPGC the Master Coordinator manages the assessment and admission of students.

For the access to the Postgraduate studies, the selection is made according to the criteria of scale that were approved in the Certificate of Verification of the Degree and the current norm and that is included in the specific regulations that are developed in the University of Las Americas. Palms of Gran Canaria.

5.2 REGISTRATION

The process to enroll in the University, including the corresponding deadlines, is included in the registration rules of the University of Las Palmas of Gran Canaria approved by the Rector's Resolution before the start of an academic course.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The monitoring, measurement and improvement phase is the responsibility of the Center's Quality Assurance Committee, and covers both the review of the procedure and its results.





The Vice Dean of Quality of the Center (CC) will collect the information necessary for the CGC to proceed with the measurement, analysis and improvement of the results of the selection and admission of students.

Accountability:

The Quality Assurance Committee of the Center will report on the follow-up, measurement and improvement actions of this procedure to the Faculty Board, at least every two years.

Likewise, this information will be published following the key public information procedure (PCC08), to all interest groups, internal and external to the Faculty: students, faculty, administration and services staff, Institutional Evaluation Office.

7. ARCHIVE





PAC-06 SUPPORT PROCEDURE FOR THE RESOLUTION OF ACADEMIC INCIDENTS

RESPONSIBLE: DEAN

1. PURPOSE

The purpose of the present procedure is to establish a system to correctly manage the incidents, exclusively the academic ones, with the purpose of improving the development of the training programs.

2. SCOPE

This procedure is applied, annually, to incidences of an academic nature that arise in relation to any of the degrees offered by the Faculty of Veterinary Medicine.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Incidence: In the field of university services, both academic and administrative, the incidence determines an event that interferes with the adequate development of the service.

Academic impact: The exclusively academic event that interferes with the proper development of teaching.

Resolution of a non-academic incidence: The solution of incidents is a provision of any service or university unit. Consequently, the means for this depend on the service / unit itself and the form of processing requires a communication of the incident to the responsible service (library, building administration, IT Service, etc.) through the mechanisms established for this purpose by said service / unit.

Complaint: In the field of university services, both academic and administrative, an official complaint is the documented manifestation of the disagreement, of a user of the service, with the operation thereof. Its processing is done through the institutional procedure for the management of complaints, suggestions and congratulations.

Suggestion: In the field of university services, both academic and administrative, a suggestion is officially the documented manifestation of a different point of view, of a user of the service, of how a service should work. Its processing is done through the institutional procedure for the management of complaints, suggestions and congratulations.

Congratulations: In the field of university services, both academic and administrative, an official congratulation is the documented manifestation of the recognition of the user for the good functioning and the treatment or attention received by the people who work in a service. Its processing is done through the institutional procedure for the management of complaints, suggestions and congratulations.

5. DEVELOPMENT OF THE PROCEDURE

The Dean of the Veterinary Faculty specifies and delimits documentarily what are considered academic incidences and what other type of manifestations according to the definitions of the previous section. In addition, this document indicates the channels through which the users of the academic services of the Center show the incidents. The resulting document is disseminated to all groups of internal interest to the Center, students, faculty, and administration and services personnel through the key public information procedure.





The manifestation of academic incidences is made by the users of the academic services, that is to say, the students and the teaching staff of the degrees that are taught at the Center. This demonstration is made through the channel established by the Dean of the Center and it includes the description of the problem and the person or persons who declare it.

The Dean of the Center, once the communication has been received, proceeds to consider the pertinence and viability of its resolution, taking into consideration the opinion of those affected and those responsible for the academic actions that are the object of the incident. Carry out the necessary actions for the solution, if applicable.

The manifestations of incidents are communicated to the Vice Dean of Quality for its registration, as well as the resolution of the same for its file.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Dean, or person to whom he delegates, proceeds, on a biennial basis, to the control and follow-up of this procedure, obtaining as evidence a report detailing the strengths, weaknesses and improvement proposals regarding the execution of the procedure. This document is delivered to the Vice Dean with Quality competences for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the resolution of academic incidences is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PAC-07 SUPPORT PROCEDURE FOR THE MEASUREMENT OF SATISFACTION, EXPECTATIONS AND NEEDS

RESPONSIBLE: VICE-DEAN OF QUALITY ASSURANCE

1. PURPOSE

The purpose of this procedure is to document and establish the processes, exclusively of the Center, by which the measurement of the satisfaction of the interest groups of the Faculty of Veterinary is planned and displayed with the purpose of guaranteeing the knowledge of the opinion of all the interest groups.

2. SCOPE

The satisfaction measurement is applied to any of the interest groups of the Faculty of Veterinary Medicine and when it is determined by the Management Team of the Center in its annual planning.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Interest group: Any person, group or institution that has an interest in the Center, in the teachings or in the results obtained. These could include students, teachers, parents, public administrations, employers, and society in general.

5. DEVELOPMENT OF THE PROCEDURE

5.1. GENERALITIES

The ULPGC through the Vice-Rector's office with competence in quality, and in particular, the Institutional Assessment Cabinet (GHG), makes available to the Centers the results of the institutional surveys for the measurement of the satisfaction of the internal interest groups of the ULPGC and, therefore, of the Centers. Likewise, when the Faculty of Veterinary Medicine decides to carry out a survey of its own to study the satisfaction of its internal interest groups (students, faculty, and administration and services staff), the Center may request GHG support for planning, design and analysis of statistical results of the survey.

5.2. STUDY DESIGN OF SATISFACTION

When the Management Team decides to carry out a specific satisfaction study for the Faculty of Veterinary Medicine, the Quality Assurance Commission (CGC) decides the objective of the same, the population under study, the research method to be used (surveys, discussion groups, interviews, etc.) and resources for the development of the study. Subsequently, assigns a technical manager who designs the study, preferably the person or entity with knowledge and experience in design and application of satisfaction studies is chosen. The technical manager determines the sample to which to apply the study and designs the measurement instrument as well as its application, for which it takes into account the reports of revision and improvement of this procedure from previous years. This design is reviewed by the CGC before its application.

5.3. OBTAINING AND ANALYSIS OF DATA

As specified in the study design:

- The Center develops information actions, based on the key public information procedure, to encourage participation in the study of the interest groups under study.
- The persons or entity involved apply the measurement instrument in the foreseen terms.





- The technical manager performs the statistical analysis of the data obtained and, subsequently, presents a technical report on the results to the Vice Dean of Quality.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The quality assurance committee proceeds to the control and monitoring of this procedure at least every two years, obtaining as evidence a report detailing the strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the measurement of the satisfaction is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PAC-08 SUPPORT PROCEDURE FOR THE ANALYSIS OF RESULTS AND ACCOUNTABILITY

RESPONSIBLE: DEAN

1. PURPOSE

The purpose of this procedure is to document and establish the processes by which the Faculty of Veterinary Medicine reviews its results and proposes improvements, in order to ensure that the management of the Center is directed towards compliance with its policy and objectives.

2. SCOPE

The analysis and assessment processes affect the general results of the Center as well as the results of the Official Degrees for which it is responsible, and are applied annually.

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Indicator: value expression that serves to understand, interpret and explain the reality of the management of the university institution. The calculation of an indicator gives a value that informs the degree to which objectives previously set in relation to each of the dimensions of university management are being achieved. The indicators in the Quality Assurance System (QMS) of the ULPGC Centers have different classifications, the most generic typology distinguishes Institutional indicators and Center indicators, from which they are diversified into performance, satisfaction and compliance indicators of procedures.

5. DEVELOPMENT OF THE PROCEDURE

5.1 REGISTER OF RESULTS

The procedure begins with the recording of the results obtained by each one of the indicators determined for the academic course being evaluated and for this:

- ☒ The Vice Dean of Quality, attending to the different types of indicators, resorts to the consultation of institutional databases, institutional reports, annual academic reports and internal reports of the Center (procedure review reports, non-conformance resolution reports, etc.) .)
- ☒ The information consulted is recorded in a document organized according to the results related to: general objectives of the Center, general performance of the Center, the Degrees and degree of implementation of the Center's processes. For greater understanding of the document, this includes information regarding the calculation method of each indicator, as well as the justification of the results not obtained.
- ☒ To assist in this process, the Institutional Assessment Cabinet (GHG) draws up a document that guides the consultation of the institutional indicators and how to proceed with a uniform record of the information of each Center.

5.2 INTERNAL EVALUATION OF THE CENTER

Once the results have been registered, the analysis of them corresponds to different people responsible for their involvement in the management of the Center.

1. The Teaching Advisory Commission (CAD) is responsible for analysing the results of the Title that corresponds to coordinate and, for this:

- ☒ The Vice Dean of Quality facilitates the registration of the results corresponding to the Degree.
- ☒ The CAD assumes the analysis or delegates to other people and, later, reviews and approves. The result of this analysis is a document that comments and justifies the results obtained as well as the recommendations for the future, this document will be part of the Annual Report of the Center.





☒ To help with this process, the GHG draws up a document that guides how to proceed with the preparation of this section of the Annual Report of the Center.

2. The Management Team (ED) of the Center is responsible for analysing the general results of the Center's quality management that includes the academic and administrative results and, for this:

☒ The Vice Dean of Quality facilitates the recording of the general academic results and the implementation of the processes included in the Quality Management System of the Center.

☒ The ED analyses the results, and prepares a document in which the results obtained are commented and justified, as well as the recommendations for the future. The conclusions of this document will be part of the Annual Report of the Center.

☒ To help in this process, the GHG elaborates an adapted model of the Directive Evaluation based on the guide for the evaluation of the quality management system according to UNE 66174: 2010.

3. The Quality Assurance Commission (CGC) is responsible for preparing the Center's Annual Report and, to this end:

☒ The Vice Dean of Quality, the CAD and the ED provide the necessary documents related to the results of the Center.

☒ The CGC unifies the information in a single document called the Annual Report of the Center in which they comment and justify the results obtained as well as the recommendations for the future, this document is approved by the Board of the Center.

☒ To assist in this process, the GHG elaborates a document that guides the way to proceed to elaborate this section of the Annual Report of the Center.

☒ The Annual Report of the Center is disseminated to all internal and external stakeholders (students, faculty, administration and services personnel, the university community of the ULPGC and society in general) according to the key public information procedure.

☒ Likewise, the proposals for improving this report are the source of basic information for, on the one hand, annually planning the policy and objectives of the Center, taking into account the strategic procedure for the preparation and updating of the Center's policy and, on the other hand On the other hand, the updating of the SGC documents taking into account the support procedure for the management of documents and evidence.

5.3 EXTERNAL EVALUATIONS

If the Center is required to report in order to be accountable in an external evaluation, regarding a quality program or national or international recognition, the following procedure is generally followed:

☒ The Quality Assurance Commission, with the criteria determined by the program in question and the information collected in the Center's Annual Report, prepares the required report.

☒ The ED gives the approval before its shipment.

☒ If the program is endorsed by an institutional body of the ULPGC, the report must obtain its approval before its external submission.

In the case of the follow-up reports of the Title to render accounts of its implementation to the regional and national quality agencies, the following is specifically stated:

☒ The Quality Assurance Committee prepares the Annual Report on the Follow-up of the Title, taking into account the indications of the GHG, which are governed by the criteria determined by the quality agencies.

☒ The report is reviewed by the CAD and the ED who give their approval.

☒ The report is reviewed by the Vice-Rector with competence in Quality, who is responsible for sending it to the external quality agency.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Management Team proceeds, at least every two years, to the control and monitoring of this procedure, obtaining as evidence a report detailing strengths, weaknesses and proposals for improvement on the execution of the procedure. This document is delivered to the Vice Dean with Quality competences for analysis and custody.





The measurement, analysis and rendering of accounts is developed as indicated in section 5 of this procedure. Likewise, the derived improvement proposals are applied as determined in the strategic procedure for the elaboration and updating of the Center's policy.

7. ARCHIVE





PAC-09 PROCEDURE OF SUPPORT FOR THE MANAGEMENT OF NON-CONFORMITY

RESPONSIBLE: VICE-DEAN OF QUALITY ASSURANCE

1. PURPOSE

The purpose of this procedure is to document and establish the mechanisms by which the Veterinary Faculty corrects the breaches of requirements detected by agents external to the Center, with the purpose of guaranteeing that the management of the Center and its qualifications improve according to the standards of quality determined by European Higher Education regulations.

2. SCOPE

The correction of non-conformities affects the management of the Center in general and, in particular, that of the Official Degrees for which it is responsible and applies every time that the Center is officially notified of any type of "non-compliance" or "non-conformity". potential".

3. REFERENCES / LEGISLATION

https://www.calidad.ulpgc.es/otros_normativa

4. DEFINITIONS

Requirement: Requirement determined in the normative documents at European, national, regional and own level of the University of Las Palmas de Gran Canaria that governs Higher Education, as well as those specified in management and quality programs in which the center participates, or management unit, for its evaluation and improvement.

Non-Conformance: Documented and reasoned specification of non-compliance with a requirement by an external evaluator competent in the management of the Center in its different actions (administration, quality, teaching, etc.). The amendments made to the projects and monitoring of the Titles, Centers, etc. are included in this definition.

Non-conformance potential: It is understood as such, the detection and documented communication of a possible Non-Conformity, by both an external evaluator to the Center and any member of the university community. The proposals for improvement made to the projects and monitoring of the Titles, Centers, etc. are included in this definition.

Correction of a non-conformity: Action aimed at eliminating a non-conformity.

Corrective action: Action taken to eliminate the cause of a nonconformity.

Preventive action: Action taken to eliminate the cause of potential non-compliance.

5. DEVELOPMENT OF THE PROCEDURE

5.1. PRESENTATION OF NON-CONFORMITY OR POTENTIAL NON-CONFORMITY

All documents that constitute Non-Conformities (NC) or potential Non-Conformities (NCP) are notified to the Dean, who assigns a responsible and a period for its resolution. In addition, it sends to the Vice Dean of Quality both the constituent document of the NC and the name of the person responsible and the period of the resolution, for its registration.

5.2. RESOLUTION





The assigned responsible person analyses the NC / NCP and issues a report on the valuation of the same, which includes the measures that it is considered appropriate to adopt (correction of non-compliance, corrective action or preventive action) and the expected period. This report is presented to the Management Team and, if necessary, to the Center Board for approval. The approved document is sent to the Vice Dean of Quality for registration. Once the measures have been approved, over the period envisaged, the assigned manager ensures compliance with the measures and, once the deadline has elapsed, issues a completion report with the actions carried out and sends it to the Vice Dean of Quality for its registry.

5.3. REGISTRATION OF DOCUMENTATION

With the information sent by the Dean, the Vice Dean of Quality prepares a file of NC / NCP in which it includes a description of it (author of the NC / NCP, summary of the NC / NCP, responsible for the resolution and the deadline planned), attach to this file the original document and, as they are being prepared, the valuation report of the approved NC / NCP and the conclusion report of the NC / NCP.

5.4. ANSWER

Through the mechanisms provided for it by the external evaluator, the Dean, or person in whom he delegates, answers the NC / NCP using the information available in the file of the NC / NCP.

6. FOLLOW-UP, MEASUREMENT AND IMPROVEMENT

The Vice Dean of Quality proceeds to the control and monitoring of this procedure, at least every two years, obtaining as evidence a report detailing strengths, weaknesses and proposals for improvement in the execution of the procedure. This document is delivered to the Vice Dean of Quality for analysis and custody.

The measurement, analysis and rendering of accounts of the results of the correction of NC and NCP, corrective and preventive actions, is developed following the procedure of support of the center for the analysis of the results and rendering of accounts. Likewise, the derived improvement proposals will be applied as determined in the strategic procedure for the elaboration and updating of the policy of the Center.

7. ARCHIVE

