INTERNATIONAL ASSOCIATION OF PRIVATE UNIVERSITIES AND COLLEGES

Part XXIV IQA Interim Measures for Accreditation Risk Assessment and Management

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Formulating Institution: IAPUC Quality Accreditation Committee

Applicable Objects: IQA Office, Accreditation Decision Committee (ADC), peer review experts, Appeal and Arbitration Committee, as well as all private higher education institutions that have obtained or are applying for IQA accreditation

Preamble

Risk is an inevitable concomitant in the operation of any complex system, and the quality accreditation system is no exception. Throughout the entire lifecycle of IQA accreditation activities — from the formulation of accreditation standards, institutional application and self-evaluation, and the implementation of peer reviews, to the issuance of accreditation decisions and post-accreditation continuous supervision — various risk factors persist. An unrecognized conflict of interest may undermine the impartiality of accreditation; an information leakage may impair the legitimate rights and interests of institutions; inconsistent standard implementation may lead to doubts about the credibility of accreditation; and a sudden quality crisis of an accredited institution may trigger a chain impact on the reputation of the entire IQA system.

The establishment of a systematic risk management mechanism is not intended to eliminate all risks — which is unrealistic in practice — but to enhance the IQA system’s capability to identify, assess and respond to risks, integrate risk management concepts and methods into the daily operation of the accreditation system, and strengthen the resilience and robustness of the system in the face of internal and external shocks.

These Interim Measures are formulated to establish a unified and systematic risk assessment and management framework for the IQA accreditation system. Designed based on the core principles of ISO 31000:2018 Risk Management Guidelines, the Measures fully consider the particularities of higher education quality assurance activities and the institutional characteristics of the IQA accreditation system. They are aligned with Chapter VI "Risk Management" of the *IAPUC Strategic Development Plan (2026-2031)*, refining strategic-level risk identification into operable assessment and management processes. Meanwhile, these Interim Measures complement the reserve fund risk guarantee specified in the *IQA Internal Financial System*, the information security risk response stipulated in the *IAPUC Digital Security and Privacy Regulations*, and the reputation risk management prescribed in the *IQA Measures for Accreditation Appeals, Complaints and Dispute Resolution*, jointly forming a comprehensive risk management network for the IQA accreditation system.

Chapter I General Provisions

Article 1 Purposes and Basis

These Interim Measures are formulated for the following purposes:

(1) To establish the risk management principles and governance structure of the IQA accreditation system, and clarify the division of responsibilities for managing various types of risks;

(2) To build a unified framework for risk identification, assessment, response and monitoring, so as to institutionalize and standardize risk management processes;

(3) To improve the predictive capability and response resilience of the IQA system in the face of emergencies and uncertainties;

(4) To foster a positive risk management culture within the accreditation system — encouraging forward-looking risk identification, timely risk reporting and collaborative risk response.

These Interim Measures are formulated on the following bases:

- Chapter VI "Risk Management" of the *IAPUC Strategic Development Plan (2026-2031)*;

- Provisions on special reviews and accreditation status adjustment specified in the *IAPUC-IQA Accreditation Process Specifications*;

- Requirements on operational reserve funds and financial robustness stipulated in the *IQA Internal Financial System*;

- Core principles and framework of ISO 31000:2018 *Risk Management Guidelines*;

- Guidelines on risk management for quality assurance institutions specified in the *Code of Good Practice* of the International Network for Quality Assurance Agencies in Higher Education (INQAAHE).

Article 2 Scope of Application

These Interim Measures shall apply to:

(1) Operational risks, legal compliance risks and information security risks faced by the IQA Office in accreditation management activities;

(2) Decision-making risks and reputation risks faced by the Accreditation Decision Committee (ADC) in accreditation grade decision-making and accreditation status management;

(3) Conflict of interest risks, confidentiality risks and review quality risks faced by peer review experts in review activities;

(4) procedural justice risks and independence risks faced by the Appeal and Arbitration Committee in case hearings;

(5) Accreditation-related risk areas of accredited institutions in all links including accreditation application, self-evaluation, continuous compliance and annual reporting.

Article 3 Basic Principles

IQA accreditation risk management implements the following five basic principles:

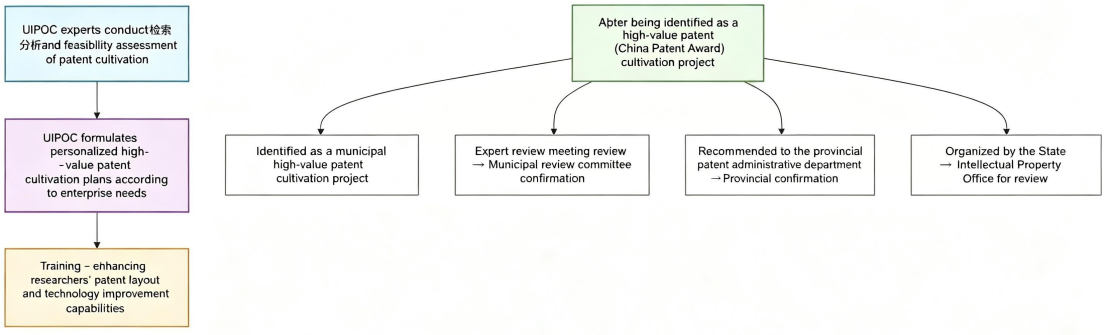
Principle	Core Connotation
Proactive and Forward-looking	Risk management focuses on identification and prevention rather than ex-post remedy. Risk identification is initiated prior to major decision-making and system formulation, instead of waiting

	for problems to occur.
Dynamic and Continuous	Risk management is not a one-time assessment activity, but a continuous process embedded in the daily operation of the accreditation system. Risk status is dynamically updated with changes in internal and external environments.
Proportional and Matching	The investment of risk response resources is reasonably proportional to the probability and impact degree of risks. Key prevention and control are implemented for high-probability and high-impact risks, while moderate attention is paid to low-probability and low-impact risks.
Full Participation	All institutions and personnel participating in accreditation activities are responsible for identifying, reporting and responding to risks within their scope of duties within authorized limits.
Transparent Communication	Risk identification, assessment results and response measures are kept transparent to relevant decision-making bodies and affected parties, while protecting commercial confidentiality and personal privacy information.

Chapter II Risk Management Organization and Responsibilities

Article 4 Risk Management Framework

Risk management of the IQA accreditation system is implemented through the division of labor and collaboration of the following institutions:



Article 5 Risk Management Responsibilities at All Levels

(1) Risk Management Responsibilities of the IAPUC Council

1. Bear the ultimate supervision responsibility for the overall risk status of the IQA accreditation system;

2. Review annual risk reports and make strategic-level response decisions on major risk matters;

3. Ensure sufficient risk management resources and sound systems for the IQA system.

(2) Risk Management Responsibilities of the ADC

1. Assess the potential reputation risks and consistency risks arising from accreditation decisions when making accreditation judgments;

2. Evaluate the impact of special reviews initiated due to major institutional changes or quality crises of accredited institutions on the credibility of the accreditation system;

3. Receive and review financial risk briefings submitted by the Treasurer.

(3) Risk Management Responsibilities of the IQA Office Director

1. Assume the primary executive responsibility for all risks in the daily operation of IQA;

2. Establish and maintain the IQA Risk Register — recording identified risks, assessment results and response measures;

3. Organize systematic risk identification and assessment once a year, compile annual risk reports, and submit them to the Council and ADC;

4. Organize emergency responses and post-event reviews for occurred risk incidents.

(4) Risk Management Responsibilities of the Treasurer

1. Submit quarterly IQA financial risk briefings to the ADC, covering income fluctuations, expenditure anomalies and operational reserve fund adequacy assessment;

2. Timely assess and report internal and external changes that may affect the financial robustness of IQA.

(5) Risk Management Obligations of All Participants

1. All personnel participating in accreditation activities — including IQA Office staff, peer review experts, ADC members, and members of the Appeal and Arbitration Committee — are obligated to promptly report potential risks identified in their work through official channels;

2. Risk reports shall be as specific as possible — describing risk incidents, possible impacts and occurrence backgrounds.

Article 6 Risk Reporting and Escalation Mechanism

(1) Daily risk reporting path: Identifier → IQA Office Director → Report to ADC and/or Treasurer according to risk categories.

(2) The following circumstances constitute emergency risks, which shall be directly reported to the IQA Office Director within 48 hours upon discovery, with simultaneous notification to the ADC Chair:

- Severe information leakage involving ongoing accreditation reviews;

- Undisclosed major conflicts of interest of review experts identified in current review tasks;

- Severe compliance crises of accredited institutions that may directly affect student rights and interests and degree validity;

- Security incidents of the IQA accreditation management platform that may cause data leakage or system paralysis.

(3) Upon receiving an emergency risk report, the IQA Office Director shall initiate emergency assessment within 24 hours and decide whether to establish a special emergency response team. All emergency risk matters shall be reported to the Council within 72 hours upon discovery.

Chapter III Risk Identification and Assessment

Article 7 Risk Classification Framework

Risks faced by the IQA accreditation system shall be identified and managed in the following major categories:

(1) Accreditation Standard Risk: Risks concerning the rationality, timeliness and consistency of accreditation standards — including lagged standard content behind the evolution of educational practices, inconsistent standard interpretation among different review teams, and disputes potentially arising from the standard revision process.

(2) Accreditation Process Risk: Operational risks in the implementation of all accreditation links — including deliberate misrepresentation in self-evaluation reports, failure to identify substantive problems during on-site visits, disconnection between accreditation decisions and review findings, and increased institutional burdens caused by process delays.

(3) Personnel and Behavioral Risk: Behavioral risks of all personnel participating in accreditation activities — including undisclosed conflicts of interest and prejudices of review experts, decision biases and external pressure on ADC members, internal operational errors and information leakage by IQA staff, and dereliction of duty or distorted information transmission by institutional quality representatives.

(4) Information and Data Risk: Information security and privacy protection risks in accreditation activities — including leakage of sensitive information submitted by institutions, attacks on the accreditation management platform, compliance risks of

cross-border data transmission, and traceability obstacles caused by improper file preservation.

(5) Reputation and Credibility Risk: External event risks threatening the credibility of the IQA accreditation system — including chain effects of major quality scandals of accredited institutions, serious abuse or counterfeiting of accreditation marks, negative international evaluations of IQA, and severe public or media doubts over accreditation decisions.

(6) Financial and Resource Risk: Risks threatening the financial robustness and operational sustainability of IQA — including sustainable income gaps lower than expected, impacts of unforeseen major expenditures, and operational interruptions caused by the loss of key personnel.

(7) Legal and Compliance Risk: Compliance risks of the IQA system in the legal environments of various countries — including cross-border legal disputes arising from mutual recognition agreements, changes in the legal status of international accreditation in countries where accredited institutions are located, and impacts of updated data protection laws on accreditation information management.

Article 8 Risk Assessment Methods

(1) The IQA Office Director shall organize at least one systematic risk assessment covering all the above risk categories every year. Special ad-hoc risk assessments may be initiated in case of major incidents or environmental changes.

(2) Risk assessment adopts a qualitative matrix method of "Probability × Impact Degree". Each identified risk is assessed from the following two dimensions:

1. Probability Assessment — The likelihood of a risk event occurring in the next assessment cycle:

- Extremely High (Almost certain to occur)

- High (Very likely to occur)

- Medium (Likely to occur)

- Low (Unlikely to occur)

- Extremely Low (Rarely occurs)

2. Impact Degree Assessment — The impact of a risk event on the credibility, operation or finance of the IQA accreditation system once it occurs:

- Severe (May cause long-term damage to the credibility of the accreditation system or significant financial losses)

- Major (May significantly disrupt accreditation operations or require major adjustments)

- Medium (May cause temporary partial impacts that are absorbable)

- Minor (Controllable impacts that can be corrected quickly)

- Negligible (Almost no obvious impact)

(3) Comprehensive risk levels are classified as follows:

- **High Risk:** Extremely high probability + severe impact, or above-high probability plus above-major impact. Special response plans shall be formulated immediately with continuous monitoring.

- **Medium Risk:** Approximately medium probability and medium impact. Responsible persons shall be designated for targeted attention and management.

- **Low Risk:** Low probability and low impact. Regular review is sufficient, and such risks are acceptable.

Article 9 Risk Register

(1) The IQA Office Director shall be responsible for establishing and dynamically updating the *IQA Accreditation Risk Register* to summarize and update the results of each systematic assessment.

(2) The Risk Register shall record at least the following information: risk number and category, risk description and trigger scenarios, probability and impact rating as well as comprehensive risk level, adopted or planned response measures and their implementation status, risk responsible person, and next review date.

(3) As an internal IQA management document, the Risk Register is regularly reported to the ADC and the Finance and Audit Committee of the Council without public disclosure. Partial contents of the Risk Register shall be kept confidential externally to prevent improper utilization due to information leakage.

Chapter IV Risk Response

Article 10 Risk Response Strategies

For risks requiring response upon assessment, the IQA Office shall adopt one or a combination of the following strategies according to risk nature and level:

Strategy	Applicable Circumstances	Core Actions
Avoidance	Risks with high probability and high impact, which can be fundamentally eliminated by adjusting institutional or procedural designs	Revise accreditation systems or process designs to eliminate risk occurrence conditions
Mitigation	Risks that cannot or should not be completely avoided, but whose	Establish control measures, formulate emergency plans, and

	probability or impact can be significantly reduced through control measures	strengthen training and supervision
Transfer	Risks whose financial consequences can be transferred through external arrangements	Purchase professional liability insurance and sign risk-sharing agreements
Acceptance	Low-level risks, or risks where response costs exceed the expected losses after comprehensive assessment	Clearly record the reasons for acceptance decisions and maintain regular monitoring

Article 11 Response Measures for Key Risk Areas

A pre-established response framework shall be implemented for major risk areas identified in the IQA accreditation system:

(1) Mitigation Measures for Accreditation Standard Consistency Risks

- Organize regular standard calibration meetings for review experts to unify standard interpretation; all Grade A and Grade B review experts shall participate in at least one calibration meeting every two years;

- Establish an accreditation decision case library to record typical standard application scenarios and provide references for similar decisions;

- Fully solicit opinions from accredited institutions, review experts and external experts during the standard revision process.

(2) Mitigation Measures for Review Experts' Conflict of Interest Risks

- Strictly implement the recusal and declaration systems specified in the *IQA Code of Selection and Conduct for Peer Review Experts*;

- The formation of review panels shall undergo cross-check of conflict of interest declarations by at least two personnel;

- Permanently disqualify experts who conceal conflicts of interest to form disciplinary deterrence.

(3) Response Plan for Chain Effects of Quality Crises of Accredited Institutions

- Establish a monitoring list for major risk incidents of accredited institutions; the IQA Office conducts continuous monitoring through annual reports, major change reports and public information screening;

- Initiate a special review procedure within 48 hours for institutions with major quality scandals;

- Pre-formulate external communication guidelines to timely convey IQA's positions and actions to the public and members when necessary.

(4) Response Measures for Information and Data Security Risks

- Specific technical and management measures for information and data security risks shall be implemented in accordance with the *IAPUC Digital Security and Privacy Regulations*;

- In the event of major information leakage, in addition to implementing the emergency response procedures specified in the above regulations, notify affected institutions and report to relevant regulatory authorities when necessary and appropriate;

- Conduct security audits and penetration tests on the accreditation management platform regularly (at least once a year).

(5) Response Measures for Financial Unsustainability Risks

- Strictly maintain operational reserve funds no less than 30% of the total expenditure of the previous year in accordance with the *IQA Internal Financial System*;

- Initiate budget austerity plans in a timely manner in case of significant negative deviations of actual income from expectations;

- Appropriately diversify income sources to avoid over-reliance on a single revenue channel.

Article 12 Emergency Response for Risk Incidents

(1) When identified risks actually occur, especially emergency risk incidents, the IQA Office Director shall decide whether to launch a special emergency response after assessment.

(2) Basic steps of emergency response:

1. Initial Assessment: Rapidly judge the nature, scope and potential consequences of the incident;

2. Loss Control: Take immediate measures to prevent the expansion of incident impacts;

3. Internal Communication: Notify the IQA Office Director and relevant decision-making bodies within the specified time limit;

4. External Communication: Provide appropriate explanations to affected institutions, all accredited institutions and the public if necessary;

5. Incident Recording: Document the incident process, response actions and results to support post-event review;

6. Summary and Improvement: Complete a post-event review within one month after the incident is resolved, identify institutional and procedural deficiencies, and formulate and promote implementation of improvement plans.

Chapter V Monitoring, Reporting and Improvement

Article 13 Continuous Monitoring

(1) The IQA Office Director shall conduct continuous monitoring of the status of all risk areas and the implementation effectiveness of deployed response measures. Monitoring information sources include:

- Systematic outputs of annual risk assessments;

- Financial risk indicators in quarterly financial briefings;

- Abnormal signals in annual reports submitted by accredited institutions;

- Continuous observation of review experts' behaviors and feedback;

- External environmental information, including policy changes and legal updates in the international quality assurance field.

(2) Any significant changes in risk levels identified during continuous monitoring shall be updated in the Risk Register in a timely manner, with a brief explanation submitted to the ADC within 10 working days.

Article 14 Annual Risk Report

(1) The IQA Office Director shall submit an *Annual Risk Report of the IQA Accreditation System* to the Council and ADC every year. The report shall cover the following contents:

- Updates of annual risk assessments — newly identified risks and changes in risk levels;

- Major risk incidents occurred in the current year and their handling results;

- Implementation status and effectiveness evaluation of risk response measures;

- Key risk management areas and work plans for the next year;

- Assessment of operational reserve fund adequacy and financial robustness.

(2) The annual risk report shall be filed after review by the Council and serve as a component of the internal quality review of the IQA system.

(3) The annual risk report involves detailed risk management information and potential weaknesses of the IQA system, and shall not be disclosed outside IAPUC without the permission of the IQA Office Director.

Article 15 Continuous Improvement of Risk Management

(1) The IQA Office Director shall continuously optimize the risk management framework based on annual risk assessment results and lessons learned from risk incident reviews — including updating risk assessment methods, improving risk response measures, and optimizing reporting and communication mechanisms.

(2) Special risk assessments shall be conducted synchronously upon major revisions to accreditation standards or processes, to analyze new risks introduced by institutional changes and their impacts on existing risks.

(3) All personnel participating in accreditation activities are encouraged to put forward suggestions for improving risk management. Valuable suggestions shall be recorded and evaluated for feasibility by the IQA Office, and adopted suggestions shall be documented in the annual risk report.

Chapter VI Risk Obligations of Accredited Institutions

Article 16 Institutional Self-Risk Management

(1) IAPUC encourages accredited institutions to incorporate risk management elements into their internal quality management systems. Although IQA does not take the establishment of institutional risk management systems as a standalone accreditation standard indicator, it pays attention to institutions' risk awareness and response capabilities in the following aspects:

- Institutional identification and response capabilities for financial risks and school-running continuity risks;

- Institutional prevention and response mechanisms for academic quality crises and academic misconduct incidents;

- Institutional safeguard measures for information security and student data protection.

(2) Institutions may voluntarily elaborate on their risk management practices in the above fields in self-evaluation reports and annual quality monitoring reports.

Article 17 Application of Risk Assessment Results

(1) The IQA Office shall take annual risk assessment results as a reference basis for formulating work plans and resource allocation for the next year, focusing on and allocating preferential resources to high-risk areas.

(2) When making accreditation grade decisions, the ADC may refer to institutions' historical compliance records in major change reporting and annual report submission within the scope of deliberation, as reference information for the continuous compliance of institutional accreditation status. Judgment on compliance with accreditation standards shall still be based on the standards themselves, and risk management records shall not independently constitute judgment factors for standard compliance.

Chapter VII Supplementary Provisions

Article 18 Relationship with Other Regulatory Documents

These Interim Measures, together with the following documents, form a unified IAPUC-IQA risk management system:

Document Name	Relationship with These Interim Measures
IAPUC Strategic Development Plan (2026-2031)	These Interim Measures are the operational expansion of Chapter VI "Risk Management" of the strategic plan
IQA Internal Financial System	Specific management of financial risks shall be subject to this system; these Interim Measures provide a unified risk assessment framework and reporting path
IAPUC Digital Security and Privacy Regulations	Specific measures for information and data security risks shall be subject to these regulations and incorporated into the risk assessment framework of these Interim Measures
IQA Code of Selection and Conduct for Peer Review Experts	Prevention and disposal of expert behavioral risks shall be subject to this code and incorporated into the personnel and behavioral risk management of these Interim Measures
IQA Measures for Accreditation Appeals, Complaints and Dispute Resolution	The feedback mechanism for reputation risks and decision quality risks complements the complaint investigation mechanism of the above measures

Article 19 Term Definitions

Term	Definition
Risk	The impact of uncertainty on the achievement of IQA accreditation system objectives — such impact may be negative or present positive opportunities
Risk Assessment	The entire process of risk identification, risk analysis and risk evaluation
Risk Register	A dynamic document systematically recording identified risks, their assessment results and management measures

Risk Response	A combination of measures taken to change the probability and/or impact of risks
Emergency Risk	High-impact risk incidents requiring immediate emergency response, which may cause obvious shocks to the normal operation or credibility of the IQA system within a short time after occurrence
Risk Appetite	The type and degree of risks that the IQA system is willing to accept to achieve its objectives

Article 20 Interpretation and Revision of the Measures

(1) The right of interpretation of these Interim Measures resides with the IAPUC Quality Accreditation Committee.

(2) Revisions to these Interim Measures shall be subject to approval by the IAPUC Council.

Article 21 Effectiveness and Transition

These Interim Measures shall come into force officially upon approval by the IAPUC Council. Within six months after the effective date, the IQA Office Director shall complete the first systematic risk assessment and establish the initial Risk Register.

Appendix: IQA Accreditation Risk Register Template

Risk No.	Risk Category	Risk Description	Probability	Impact Degree	Risk Level	Response Strategy	Responsible Person	Next Review Date
RISK-2026-001	Standard Risk	Newly launched accreditation standards are interpreted in significantly differe	High	Major	High	Mitigation: Organize pre-review standard calibration meetings for the	Accreditation Affairs Supervisor	One month after the completion of the first batch of reviews

		nt ways by different review teams in the first batch of reviews				first batch of review experts to unify scoring criteria		

Document Approval

Role	Name/Position	Date
Compiler	IAPUC Quality Accreditation Committee Risk Management Working Group	May 2026
Reviewer	IAPUC Quality Accreditation Committee	Pending
Approver	IAPUC Council	Pending

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