

**ÓBUDAI EGYETEM
OBUDA UNIVERSITY**

QUALITY POLICY

BUDAPEST, 2023.

(Version 2, in force from 15 October 2024, consolidated with amendments)

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PREAMBLE

The quality management system of Obuda University (hereinafter: University) is based on the provisions of Act CCIV of 2011 on National Higher Education, Government Decree No.87/2015 (IV. 9.) on the implementation of certain provisions of Act CCIV of 2011 on National Higher Education, and Government Decree No.387/2012 (XII. 19.) on doctoral schools, the order of doctoral procedures and habilitation.

It follows the standards of the Hungarian Accreditation Committee for Higher Education on the accreditation procedures for institutional and doctoral schools, the principles of modern quality assurance, especially with regard to the European Association for Quality Assurance in Higher Education (EAA): ENQA), and the principles of the Total Quality Management (TQM) business management model, based on the Plan-DoCheck-Action (PDCA) principle. The University's management formulates and publishes a Quality Policy and a Mission Statement as a primary expression of its commitment to quality, which is accessible to all stakeholders. The Institutional Development Plan (IDP) and the strategy-based Quality Improvement Programme Plan (QIP) formulated on the basis of the IDP provide the professional background for the development of the quality management system's objectives.

In accordance with the provisions of Article 41 (7), paragraph 41 of the Organisational and Operational Regulations of the University (hereinafter referred to as the "OOA"), the Senate of the University shall determine the University's Quality Policy (hereinafter referred to as the "Policy") as follows.

I. GENERAL PROVISIONS

The aim of the university quality management system, the principles of its operation

1. §

(1) The University's quality management system aims to implement the Quality Policy and the Mission Statement. It also aims to regularly review, monitor, evaluate and continuously improve the quality of teaching, research, development, services and ancillary activities, as well as institutional management processes, by providing feedback on the results.

(2) The University shall establish a quality management organisation for the operation of its quality management system, with a precise definition of the tasks and responsibilities of the bodies, departments and persons involved.

(3) The University operates a quality management system based on the TQM model for undergraduate and PhD studies, organising its activities according to ESG criteria. The quality management activity is based on self-evaluation with full application of ESG criteria. The ESG quality assurance standards are set out in *Annex 1 to these Regulations* and the TQM model and principles applied are set out in *Annex 2 to these Regulations*. The TQM-based quality management system is seen by the institution as a management approach that focuses on student-centredness, management and staff commitment and continuous improvement. It develops, operates and improves its activities on the basis of a process and system approach, involving a broad range of internal (students, staff, etc.) and external (collaborating partners, labour market actors, industry and other contacts, etc.) stakeholders, taking into account their needs and expectations.

(4) In view of the specific nature of doctoral training and degree acquisition, and taking into account the specialities of the disciplines and disciplinary fields, the relevant quality regulations are partly regulated by the framework set out in these Regulations, partly by the University Regulations on Doctoral and Postdoctoral Studies, and partly by the Quality Assurance Plan, which is uniformly applicable to all doctoral schools.

(5) The purpose of this policy is to ensure that the University has in place a process for measuring the needs and satisfaction of internal and external stakeholders, for handling complaints, for dealing with incidents that compromise organisational integrity and for operating a whistleblowing system.

Scope of the Code

2. §

(1) This Policy is the basic document setting out the principles and framework of the University's quality management system.

(2) The scope of the Code of Conduct extends to all departments of the University, all employees, students of the University, and all external contributors who perform activities in connection with the University's teaching, research, development, services and ancillary activities, as well as the management of the institution.

The scope of the Code covers all operational processes that can be examined from a quality perspective.

II. THE UNIVERSITY QUALITY ORGANISATION

The quality organisation

3. §

(1) In accordance with the provisions of the OOA, the University operates a quality management system for the purpose of defining, systematising, communicating and continuously monitoring the quality requirements and conditions of teaching, research and other service activities at the University.

(2) The Quality Management Committee (hereinafter: QMC) is the body responsible for the management and development of the university quality management system.

(3) The rector is assisted in the operational organisation and professional supervision of the operation of the institutional quality management system by a quality officer under his/her direct supervision.

Functions and powers of bodies and departments

4. §

(1) The Senate as the governing body of the University:

a) establish the University's quality organisation, adopt the documents governing the operation of the

University's quality management system;

b) ensures the functioning of the QMC;

c) periodically review the achievement of quality policy objectives on the basis of a proposal from the QMC;

(2) The MIB shall operate in the composition set out in Article 58 of the OOA and shall have the functions and powers set out in the same Article.

(3) The faculties, institutes and other departments of the University:

- a) are involved in the processes and procedures defined by the quality system, which may be supplemented to take account of their specific characteristics;
- b) may also apply any process, measurement and evaluation method, procedure or tool aimed at improving quality, provided that it does not conflict with these rules and does not result in duplication of regulation;
- c) measures the processes and satisfaction of the University's quality system in the faculties, together with the departments operating there.

Management tasks and responsibilities

5. §

- (1) Rector:
 - a) ensures that the conditions for the University's high-quality teaching and research activities are met;
 - b) formulate the institutional mission, the quality policy and the Quality Policy Statement and Mission Statement which set it out
 - c) provides the resources needed to achieve quality objectives;
 - d) liaises with the various actors involved in quality management at institutional level.
- (2) The Rector delegates certain of his/her tasks relating to quality to the Deputy Rector General. The Vice-Rector responsible for Information Technology and Quality Assurance supervises the activities of the QMC and the work of the Quality Management Coordinators.
- (3) The heads of both the teaching, research, support and service departments have a control and quality assurance role in their respective teaching, research, administrative and functional support departments.
- (4) The directors of the institute are responsible for the management and control of the teaching and research activities of the institute.

Responsibilities and powers of the contributors

6. §

- (1) The structure of the quality organisation and the relationships between its members are illustrated in the organogram in Annex 3. The Rector is assisted in the operational organisation and professional supervision of the operation of the institutional quality management system by a quality officer under his/her direct authority.
- (2) The duties and powers of the Rector's Quality Assignee:
 - a) preparation and professional supervision of the continuous maintenance of documentation describing quality assurance activities;
 - b) organising and coordinating the preparation for the accreditation procedures of institutional and doctoral training and the related sub-tasks; professional assistance in the preparation and implementation of the annual self-evaluation to be carried out in this context, as well as in the preparation and implementation of the five-yearly review procedure of the operating licence (by the Education Office),
 - c) participates in the organisation of the quality assurance and risk analysis activities of the Rector's Council, in the work of the University QMC, in the coordination of the quality assurance activities of the University Doctoral and

- Habilitation Council (hereinafter: UDHC), with special regard to the quality assurance activities of the doctoral schools,
- d) coordinates and supervises the work of the quality representatives of the faculty, institutes and other departments.
- (3) The Faculty Quality Officer:
 - a) It coordinates and monitors the quality management activities of the faculty according to the guidelines of the QMC,
 - b) coordinates and supervises the quality-related activities of the faculty's institutes and other departments, in cooperation with the quality representatives of the institutes and departments
 - (4) The Quality Assignee of the Institute:
 - a) participates in quality improvement processes under the guidance of and in cooperation with the faculty quality manager,
 - b) is collecting suggestions for the preparation of a quality improvement programme,
 - c) maintain the Institute's teaching and research documentation,
 - d) informs the Institute's staff of the tasks related to quality management.
 - (5) The quality officer for other departments:
 - a) performs operational quality tasks at unit level on the basis of professional guidance from the QMC,
 - b) participates in the quality improvement work of the processes in his/her department under the guidance of the Quality Manager,
 - c) make proposals for the preparation of the quality improvement programme.
 - (6) To ensure the continuous improvement of the quality management system, the work of quality bodies and units may be supported by ad hoc working groups, professional organisations and external experts.

III. QUALITY MANAGEMENT SYSTEM OPERATION

Basic principles for the design of a quality management system

7. §

- (1) The quality management activities of the University are based on the principles of TQM, which puts quality at the heart of the organisation's management concept, is based on the contribution of all staff members of the organisation and aims to achieve long-term success, primarily through student satisfaction and the benefit of all members of the organisation and society (Annex 2 of these Regulations).
- (2) The implementation of these principles is supported by good management, effective communication, training, motivation, rewarding and recognition of staff, measurement and evaluation of performance, and, as a result, interventions and support structures as needed.
- (3) Ensures the implementation of the PDCA principle in quality development activities and benchmarking activities in national and international higher education contexts.
- (4) In the operation of the quality management system, the aspects of process and system-based operation according to ESG (Annex 4 of this Regulation) are applied. The ESG standards and guidelines are applied in the institutional operation, which are taken into account in the development of the regulatory documents and policies describing the individual operational processes. The individual process steps are to be understood as part of the policies and procedures for the different operational processes and activities, and their system covers all the processes of the institutional operation that are relevant for quality assurance. The policies and

procedures describe in detail the steps of a process, the person responsible for/participating in them and, where appropriate, the associated deadlines. Where appropriate, a flowchart is provided for each process step to ensure clarity. This documentation system shall be considered as the basic documents of the quality management system, which shall be reviewed regularly and, where necessary, amended and updated as required by the application to ensure full consistency with practice.

- (5) For each process, where measurement and evaluation is required, the measurement tool and method to be used is defined, and the necessary actions are defined based on the results of the measurements, with the specific task, responsibility and deadline. These processes will be carried out in accordance with the Quality Improvement Programme Plan and the results will be evaluated in the framework of an annual self-assessment. This is how the PDCA principle, i.e., the continuous cycle of improvement, is applied to each activity.
- (6) The doctoral schools of the University shall develop the quality assurance principles and methods of doctoral training and degree awarding independently and autonomously, in such a way that they are integrated into the quality management system of the University, taking into account the principles set out therein, and the institutional strategic and quality objectives and indicators shall be taken into account when defining quality objectives.
- (7) The doctoral schools have access to the professional information and other professional guidance necessary for the professional performance of their quality assurance activities through the UDHC President and the Quality Assurance Officer, who also ensure the channelling of this information into the institutional quality organisation.
- (8) The management and continuous maintenance of the documentation background directly related to the operation of the quality management system is carried out by the Rector's Office under the professional supervision of the Quality Manager.
- (9) The University's quality culture is illustrated in the diagram in Annex 5 to these Regulations.

Operation of the quality management system

8. §

(1) In order to implement the quality improvement activities, the QMC prepares an annual Quality Improvement Programme Plan in line with the strategic objectives set out in the IDP and the guidelines of the Rectors' Council.

(2) The QMC carries out a self-assessment of the performance of the quality management system based on ESG criteria on an annual basis, with the assistance of the quality managers of the faculties and other departments in the collection, analysis and preparation for evaluation of the data and information generated at the level of the departments, as predefined by the QMC. The self-assessment will summarise the results of the various unit-level surveys (student, staff, external partner, ALUMNI satisfaction surveys, the results of the Student Opinion on Teaching and Learning (SOTL), the results of the indicators assessed by the unit in the period, the recommendations for improvement based on the results of the previous period's assessment, and the achievement of quality objectives. These assessments are carried out in cooperation with the relevant departments concerned by each activity and in accordance with the unit-level programme plans drawn up on the basis of the institutional Quality Improvement Programme Plan. Based on the results, action plans are drawn up, setting

out the tasks, responsibilities, deadlines and resource requirements. Monitoring of the implementation of the action plans is the responsibility of the department responsible for the task, and the QMC supervises their coordination and completion.

(3) In order to continuously improve its operations, the QMC monitors the performance of its processes and provides feedback on progress and non-conformities in its annual self-evaluation report to the Senate.

IV. PROCEDURES FOR HANDLING INCIDENTS THAT COMPROMISE ORGANISATIONAL INTEGRITY

General provisions

9. §

(1) According to the Communication of the Minister of Finance on other organisations classified in the government sector published in the Official Gazette No.5 of 2022, the University is classified as other organisation classified in the government sector. Pursuant to Article 1 (1) (d) of Government Decree No.370/2011 (XII. 31.) on the internal control system and internal audit of budgetary bodies (hereinafter: Bkr.), the University is accordingly subject to the provisions of the Bkr., and thus is obliged to establish internal procedures for the handling of events that violate organisational integrity.

(2) The purpose of this Chapter is to contribute to the effective management of corruption risks within the University and to improve the University's (external) resilience to corruption by setting out the general procedures for making, receiving and investigating reports of irregularities and integrity and corruption risks in the operation of the University.

(3) The scope of this Chapter shall cover the conduct of citizens of the University in relation to the operation of the University, the activities of the University, the investigation and handling of reports of misconduct in connection with the operation of the University as defined by law and internal management tools, incidents of breaches of organisational integrity and reports of corruption risks. This chapter does not cover the conduct of staff members in relation to which another body, designated by law, has the authority and duty to act.

(4) The definitions in this Chapter are the same as the interpretative definitions set out in Section 2 of the Bkr.

Persons involved in handling incidents that compromise organisational integrity

10. §

It is the responsibility and authority of the Rector of the University to.

- a) operate the University in accordance with the law and internal regulations;
- b) ensure that organisational integrity incidents are investigated and that effective action is taken where an organisational integrity incident is identified;
- c) promote the principles of the Code of Ethics and the Code of Conduct on Conflict of Interest within the University;
- d) familiarise staff covered by this policy with the procedures for reporting and handling incidents that compromise organisational integrity.

11. §

(1) The Rector shall be assisted in the performance of the above duties primarily by the Legal Office of the Rector's Registrar, which shall have the responsibility and authority to.

- a) receive and consider reports of incidents that compromise organisational integrity;
- b) propose to the Rector the initiation of a procedure to deal with an incident involving a breach of organisational integrity as defined in this chapter;
- c) contribute to the regular assessment of integrity risks and to the preparation of internal governance tools on integrity;
- d) perform tasks related to the management, registration and safekeeping of the files of notifications;
- e) monitor the status of the procedures initiated and the implementation of the measures required on the basis of the decisions taken by the Rector, coordinated by the head of the department affected by the integrity violation, and provide the Rector with written information on the organisational integrity violations identified in the year in question by 31 January of the year following the year in question.

(2) The Legal Office of the Rector's Registrar is supported by the IT Office of the Rector's Registrar, and in this context, it has the responsibility and authority to forward without delay to the Legal Office of the Rector's Registrar any integrity and corruption risk reports submitted via the University's website, the contact form.

12. §

Heads of departments are also required to assist the Rector and the Legal Office of the Rector's Registrar in dealing with incidents that compromise organisational integrity, and it is the responsibility and authority of the head of department to

- a) report without delay any event that compromises the organisational integrity of the department under his/her supervision, or forward any such event reported to him/her without delay to the Legal Office of the Rector's Registrar,
- b) coordinate the implementation of the action taken in relation to an incident that compromises organisational integrity in the department under his/her supervision.

13. §

All employees are obliged to report any event they observe that compromises organisational integrity to the head of the department or directly to the Legal Office of the Rector's Registrar and to implement the measures taken in this regard.

Reporting and receiving incidents that breach organisational integrity

14. §

(1) Notifications may be made orally, in writing and by electronic means, either anonymously or nonanonymously. Oral communications shall be minuted.

(2) The notification may also be made to the Legal Office of the Rector's Registrar or, in the case of employees, to the head of the department. If the notification is not received by the Legal Office of the Rector's Registrar, the recipient of the notification shall forward it without delay to the Legal Office of the Rector's Registrar.

(3) In all cases, the Legal Office of the Rector's Registrar shall ensure the receipt and filing of notifications in accordance with the rules on the management of documents.

(4) A person who reports a suspected breach of organisational integrity (hereinafter referred to as "the reporter") shall not suffer any disadvantage as a result of making a report.

(5) The whistleblower may request that his/her personal data be kept confidential, in which case his/her personal data shall be placed in a sealed envelope signed by the Legal Office of the Rector's Registrar and an anonymised copy of the whistleblowing shall be made without diminishing its content.

(6) The personal data of the whistleblower shall be treated confidentially by the University, and may only be disclosed to the person or body competent to conduct the procedure initiated on the basis of the whistleblowing, if this is necessary for the investigation of the whistleblowing. The Rector and the Legal Office of the Rector's Registrar shall have full access to the documents generated during the procedure related to the notification; the notifying party may have access to the documents regarding the statements made in the notification and the procedure, and the person making the statements (the person interviewed) may have access to the documents regarding his/her statements.

In the case of the person concerned by the notification, the University is particularly responsible for compliance with the provisions of Regulation (EC) No 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Regulation (EC) No 95/46/EC, Act CXII of 2011 on informational selfdetermination and freedom of information and the internal data protection rules.

Assessment, classification (primary assessment) and examination (substantive assessment) of the notification

15. §

(1) The Legal Office of the Rector's Registrar shall carry out a primary evaluation of the submissions received within 3 working days of receipt. In this context, it shall examine whether the University has the competence or jurisdiction to investigate the allegations in the complaint or whether the investigation may be dispensed with.

(2) The Legal Office of the Rector's Registrar, after informing the Rector, shall immediately forward the submissions that do not qualify as integrity notifications but require action to the other organisational unit entitled to act or to another body competent and competent to act in the matter.

(3) If a submission which does not constitute a notification of integrity does not require further action, the Legal Office of the Rector's Registrar shall ensure that it is placed in the archives in accordance with the provisions of the Rules on the management of files.

(4) The Legal Office of the Rector's Registrar shall notify the applicant of the transfer of the application to another body at the same time as the transfer.

16. §

(1) The Legal Office of the Rector's Registrar shall examine the merits of the notification on the basis of the following criteria:

- a) the nature of the notification (what it concerns),
- b) whether the content of the notification requires an investigation,
- c) whether the notification requires urgent action.

(2) The Legal Office of the Rector's Registrar shall immediately inform the Rector of the receipt of the notification and the subject of the notification in a brief note following the evaluation, while forwarding the notification and any annexes at the same time.

(3) The substantive assessment of the application may be disregarded if the content of the application is identical to that of a previous application.

(4) If the Legal Office of the Rector's Registrar does not consider the suspicion of an incident violating organisational integrity to be well-founded, or if it can be clearly established that the act, conduct or omission is of minor gravity, it shall send its recommendation to the Rector not to conduct an investigation. If the Legal Office of the Rector's Registrar finds that the suspicion of an event compromising organisational integrity is well founded, it shall notify the Rector of this together with its proposal for an investigation.

On the basis of a proposal from the Legal Office of the Rector's Registrar, the Rector's Office decides whether and how to proceed with the case.

Conduct a procedure to deal with an incident that compromises organisational integrity

17. §

(1) Based on the decision of the Rector, Legal Office of the Rector's Registrar shall, within 30 working days, conduct a procedure to deal with the incident that violates organisational integrity.

If the available time limit proves to be insufficient, the Legal Office of the Rector's Registrar must notify the Rector of this fact, stating the reason and the proposed time limit, who may decide to extend the time limit for investigation once again by a maximum of 30 working days.

(2) In the course of the procedure, the Legal Office of the Rector's Registrar may, if appropriate, hear other persons involved in the case or having information relevant to the investigation of the case. The person concerned shall be informed of the date of the hearing at least 3 working days in advance in a verifiable manner. If the person concerned is an employee of the University, he or she shall be subject to a duty of cooperation and may not refuse to attend the hearing during working hours.

(3) Minutes of the hearing shall be taken, containing the substance of what was said, and shall include the following:

- a) the place and date of the hearing;
- b) information on the name, status and department of the person interviewed;
- c) in what capacity the listener is present;
- d) the subject of the hearing;
- e) the questions asked during the hearing and the answers given to them;

- f) the fact that the report has been communicated to the notifier and his/her agreement with the contents of the report;
- g) the signatures of the participants in the interview.

(4) The person interviewed may request that his or her personal data be kept confidential, in which case his or her personal data must be placed in a sealed envelope in the case file.

(5) After the conclusion of the investigation, the Legal Office of the Rector's Registrar shall send the case prepared for decision with the summary report to the Rector together with the documents relating to the case or generated during the procedure and the draft reply letter prepared for the notifying party. The summary report shall include a brief summary of the notification, the action already taken on the notification and its outcome, the reasons for not investigating cases that can be closed without an investigation, the data and evidence taken into account or not taken into account during the procedure, the facts established on the basis of the procedure and the proposals for the measures necessary to close the case.

18. §

(1) The Rector, taking into account the findings of the investigation conducted by the Legal Office of the Rector's Registrar, shall decide whether to close the case or to take any further necessary action:

- a) elimination of the causes of the identified problems within the organisation, remediation of the damage caused within the organisation (e.g. change of internal regulations);
- b) initiate ethics proceedings, criminal proceedings or other proceedings (e.g. a damages action);
- c) other measures (e.g. application of a labour law consequence).

Depending on the nature of the event that breaches integrity, several legal consequences may be applied at the same time.

(2) Following the decision, the head of the department concerned shall ensure the preparation of the necessary measures to eliminate the detected errors or the illegal conduct and, in cooperation with the Legal Office of the Rector's Registrar, shall monitor their implementation.

(3) If, in the course of the procedure, the Legal Office of the Rector's Registrar concludes that the identified event that compromises organisational integrity is systemic in nature or may become so in the absence of appropriate action, it shall develop an action plan to prevent similar events that compromise organisational integrity.

(4) If the identity of the person lodging the complaint can be identified, the Legal Office of the Rector's Registrar shall inform him/her in writing of the outcome of the procedure in a verifiable manner.

Obligations to record and report incidents that compromise organisational integrity

19. §

(1) The Legal Office of the Rector's Registrar shall manage and register the original documents relating to the notifications and keep them in a separate lockable place, and shall ensure that no unauthorised person has access to the personal or protected data.

(2) The Legal Office of the Rector's Registrar shall keep an annual record of the integrity notifications submitted to the University, broken down as follows:

- a) registration number,
- b) time of arrival,
- c) method of receipt / notification,
- d) name and contact details of the notifier (if available),
- e) subject of the notification,
- f) the department or person concerned,
- g) a description of the official action taken on the basis of the notification, the date, the file number and the reason for and the fact of the closure of the case,
- h) the time, manner, file number or reason for not informing the notifier,
- i) Comment.

20. §

The Legal Office of the Rector's Registrar shall prepare an annual summary statement of the contents of the annual records of incidents that violate integrity for the Rector by 31 January following the end of the year in question.

V. THE OPERATION OF THE ABUSE REPORTING SYSTEM

General provisions

21. §

(1) The University shall operate an internal abuse reporting system in accordance with the provisions of Act XXV of 2023 on Complaints, Notifications of Public Interest and Rules on Reporting Abuse (hereinafter referred to as the Complaints Act) in order to ensure its operation in compliance with the law and its internal regulations.

(2) The purpose of this chapter is to set out the detailed rules related to the operation of the University's internal whistleblowing system and the submission of whistleblowing reports, such as the conditions of reporting, the process of reporting and investigation, the protection, rights and obligations of the persons concerned by the report, and to designate the persons and organisational units responsible for handling the reports, and to define their duties and powers.

(3) The personal scope of this Chapter shall extend to the citizens of the University, including all students of the University and persons employed by the University, as well as to all persons who are entitled to file a complaint with respect to the University pursuant to Paragraph (2) of Article 20 of the Complaints Act, in particular persons performing traineeship or voluntary activities at the University, and persons not employed by the University but performing activities for the University on a contracting, contractor or other employment relationship.

(4) The subject matter of this Chapter shall cover notifications of unlawful or suspected unlawful acts or omissions other than those provided for by the legislation applicable to the University and the rules of conduct established by the University, and investigations and proceedings initiated on the basis of such notifications.

Persons handling abuse reports

22. §

(1) The Rector of the University shall be responsible for the observance and enforcement of the provisions and rules contained in this Chapter.

The Rector has the responsibility and authority to.

- a) operate the University in accordance with the law, in particular the Complaints Act, and internal regulations;
- b) ensure the conditions for the investigation of whistleblowing and, to this end, operate an internal whistleblowing system and regulate the handling of whistleblowing within the University;
- c) familiarise the staff covered by this chapter with the whistleblowing system and the procedures for handling whistleblowing reports;
- d) investigate allegations of abuse, take a decision on the allegation or ensure that effective action is taken on the basis of the decision.

23. §

(2) The Rector shall be assisted in the performance of the above duties primarily by the Legal Office of the Rector's Registrar, which shall have the responsibility and authority to.

- a) receive whistleblowing reports, in particular by regularly monitoring emails sent to the email accounts set up to receive reports under this chapter, and by receiving and recording in person or by telephone whistleblowing reports and recording them in the whistleblowing system;
- b) if he/she considers that the report constitutes a report of misconduct under this chapter, file the report and forward it to the Rector through the Rector's Registrar, or otherwise forward the report to the relevant University department;
- c) ensure that the necessary written notifications are drawn up and sent to the notifier in due time, and act as a contact point for the notifier;
- d) monitor the handling of abuse reports and compliance with the related procedural rules and deadlines;
- e) assist in the implementation of measures required following a report of abuse, as directed by the Rector.

24. §

The Rector is also supported in the performance of the above tasks by the IT Office of the Rector's Registrar (hereinafter: IT Office) through the operation of the abuse reporting system. In this context, the IT Office shall ensure that

- a) that the University's whistleblowing system complies with the conditions set out in this Chapter and in the Complaints Act, in particular that the access management is designed in such a way that only authorised employees have access to the data stored in the system;
- b) to familiarise the Rector and the relevant staff of the Legal Office of the Rector's Registrar with the operation of the abuse reporting system, and to provide technical assistance in connection with questions and problems related to the system.

Reporting and receiving abuse reports

25. §

(1) Notifications may be made by notifiers primarily by electronic means via the dedicated e-mail address visszaeles-bejelentes@uni-obuda.hu.

(2) In the notification, the notifier shall provide the following data and information:

- a) in case of non-anonymous reporting, your identification and contact details (name, e-mail address);
- b) information about your right to make a notification, i.e. the basis on which you are entitled to make a notification;
- c) information on the subject of the report, including the area in which the abuse occurred;
- d) the history of the report, if any, i.e. whether you have previously reported the same matter or reported the abuse to a forum, and if so, when, in what form and to which body or department;
- e) details of the abuse, in particular
 - (ea) when you first became aware of the abuse;
 - (eb) where the abuse occurred;
 - (ec) whether the abuse is still ongoing;
 - (ed) within the University organisation, which department is concerned by the notification;
 - (ee) a detailed description of the abuse;
- f) other data subjects, whether there are any natural or legal persons associated with the notifier who may be subject to retaliation and, if so, the nature of their relationship with the notifier and the data necessary to identify them;
- g) any documents attached to support the abuse.

(3) The abuse reporting system shall be integrated into the University's error reporting system, but shall operate separately from its departments, with separate access management.

26. §

(1) In addition to a written report, the University shall allow whistleblowers to make an oral report of the (alleged) abuse they have experienced. Whistleblowers may make a report by telephone or in person using one of the following contact details:

- a) by telephone: the central telephone number of the Legal Office of the Rector's Registrar;
- b) in person: at the Legal Office of the Rector's Registrar (1034 Budapest, Bécsi út 96/b., 1st floor).

(2) The Legal Office of the Rector's Registrar shall keep a full and accurate record of both oral and telephone reports. The Legal Office of the Rector's Registrar shall also record the record in the misuse reporting system within 1 working day and acknowledge it to the whistleblower by sending him/her an acknowledgement of receipt of the report. The whistleblower shall have the right and the obligation to verify without delay the written notification made by means of the note and to indicate if the information contained in the note does not correspond to the notification made by him/her.

27. §

The whistleblower has the right to file a complaint without revealing his/her identity, in particular without giving his/her name, provided that the University reserves the right, in accordance with the provisions of the Complaints Act, not to investigate the complaint in this case.

28. §

(1) The Legal Office of the Rector's Registrar shall inform the whistleblower of the success of the receipt of the whistleblowing report by means of an e-mail automatically generated by the abuse reporting system. By making the acknowledgement of the report automatic, the University ensures that it fulfils its obligation to acknowledge the report within 7 days of receipt, as provided for in the Complaints Act.

(2) The information from the confirmation of the notification pursuant to paragraph (1) shall also include:

- a) information on the processing of the notifier's personal data, including in particular information on the rights of the notifier with regard to the protection of his or her personal data;
- b) the rules of the whistleblowing procedure and his or her rights and obligations under this Chapter during the investigation; and
- c) the legal consequences of reporting in apparent bad faith.

Examination of the notification

29. §

(1) The Legal Office of the Rector's Registrar shall carry out a primary assessment of the notification received within 3 working days of receipt of the notification. In this context, it shall examine whether the notification constitutes a report of abuse within the meaning of the Complaints Act.

(2) The Legal Office of the Rector's Registrar shall immediately forward reports which do not constitute a report of abuse to the other department entitled to handle the case for filing and administration. The Legal Office of the Rector's Registrar shall also record such referral in the abuse reporting system and shall close the case in that system with an internal note on the referral and inform the whistleblower of the referral.

(3) If the report is a report of abuse, it shall be filed by the Legal Office of the Rector's Registrar in accordance with the University's document management regulations and forwarded without delay to the Rector through the Rector's Registrar for investigation.

30. §

(1) The Rector shall investigate the merits of the notification within 30 days of receipt of the notification, clarify the facts of the case and take a decision on the notification. This deadline may be extended in particularly justified cases. In this case, the Legal Office of the Rector's Registrar shall inform the whistleblower of the expected date of the investigation and the reasons for the extension. The time limit for investigating the complaint and informing the complainant of the outcome of the procedure shall not exceed 3 months in the event of an extension.

(2) The examination of the notification may be waived if.

- a) the notification was made by an unidentified notifier;

- b) the notification was not made by an unauthorised person;
- c) an application is a repeated application by the same applicant with the same content as the previous application;
- d) the harm to the public interest or to an overriding private interest would not be proportionate to the restriction of the rights of the natural or legal person concerned by the notification resulting from the investigation of the notification.

31. §

(1) When investigating the facts of the case, the Rector may, in particular, make use of the following investigative tools:

- a) interviews with the whistleblower, the person reported and any other person (witness, expert) with relevant information about the abuse;
- b) requesting available documents and other information relating to the case;
- c) to inspect and make copies of relevant documents;
- d) visits to sites relevant to the case.

With a view to a fair and impartial procedure, the University shall provide the persons concerned with the investigation with the opportunity to submit their comments and requests for evidence, in particular with regard to the allegations and evidence against them. The Rector shall decide on the manner of doing so on a case-by-case basis, but the success of the investigation shall not be jeopardised by such provision, which may therefore be waived in justified cases.

(2) During the investigation procedure, the Rector, with the assistance of the Legal Office of the Rector's Registrar, shall interview any person who has substantial information concerning the abuse. The rector shall hear the whistleblower if the content of the whistleblowing makes this necessary or if it requires further clarification or if the whistleblower specifically requests it. The hearing of the notified person is mandatory during the investigation procedure. At the hearing, the Rector shall provide the interviewees with the information on data management concerning the abuse report.

The Rector shall ensure the presence at the hearing of at least two persons, other than the person being heard, who are entitled to participate in the procedure. At the hearing, the person designated by the candidate, in particular his/her legal representative or the head of the employer, may be present at the request of the candidate as a facilitator. The assistant may not make a statement on behalf of the person interviewed, but may ask the interviewee questions.

The hearing can take place in person, by telephone or via video conference.

A note or record of the hearing is made, which the persons interviewed have the right to see, and the right to request that the note or record be corrected or supplemented.

(3) In the course of the investigation procedure, any data, documents or information requested by the rector from a department, employee or contractor of the University shall be provided by the requested party within 3 working days of the request.

32. §

(1) Following the investigation of the report and the discovery of the facts, the Rector shall assess the validity of the report on the basis of the available documents and data, and shall decide on the termination of the abuse report procedure within the shortest time

allowed by the circumstances, but not later than within the time limit specified in paragraph (1) of Article 10 of this Chapter, or shall take a decision on the merits.

- (2) The rector shall terminate the abuse reporting procedure if
- a) in the absence of evidence, the conduct in violation of the law or the University's internal regulations cannot be established and no further evidentiary proceedings are expected to yield results;
 - b) the offence is of minor gravity;
 - c) the notification does not constitute a report of abuse and should have been referred;
 - d) it is clear that the report is made in bad faith; or
 - e) the conduct under investigation has already been finally adjudicated by a public authority or a court, or the University has already taken a position on the matter.
- (3) At the end of the whistleblowing procedure, the Rector is entitled to take one of the following decisions on the merits:
- a) a finding that the misconduct under investigation violated one or more provisions of a law governing the University or one or more of the University's internal regulations;
 - b) a finding that the misconduct that is the subject of the proceedings is not contrary to law or the University's internal regulations.

If the report warrants the initiation of criminal proceedings, the University must take steps to report the matter. (4) If the investigation reveals that the conduct referred to in the report is not a criminal offence, but violates the University's internal regulations or the rules governing the employment relationship, the University as the employer may impose on the employee concerned adverse legal consequences proportionate to the seriousness of the breach of duty, as set out in the employment contract. To this end, the Rector shall, in his/her decision, request the competent employer to decide on one or more of the sanctions in the employment relationship:

- a) to apply a verbal or written warning;
- b) to terminate the employment relationship;
- c) to establish liability for damages.

(5) After the decision has been taken, the Legal Office of the Rector's Registrar shall inform the applicant in writing of the result of the investigation of the notification and of the measures taken or planned within the time limit specified in paragraph (1) of Article 10 of this Chapter. The written information may be waived if the rector has informed the whistleblower orally, who has taken note of the information.

Protection of whistleblowers

33. §

The University is committed to protecting whistleblowers and will ensure that whistleblowers are not retaliated against or discriminated against for reporting abuse, both during the operation of its whistleblowing system and during and after the investigation of whistleblowing. In providing protection to whistleblowers, the University will comply with the Complaints Act. The protection of whistleblowers shall be provided in accordance with Chapter II, Chapter 8, taking into account the criteria set out therein.

34. §

(1) In the course of the operation of the internal whistleblowing system, the University shall process personal data of the whistleblower, the notified person and the other person(s) concerned by the whistleblowing only to the extent strictly necessary for the investigation of the whistleblowing.

To this end, the University will promptly delete or destroy any data included in the notification or generated during the investigation of the abuse that does not comply with this rule. The purpose of the processing shall be limited to the investigation of the reported abuse and any action taken, and the University shall not be entitled to use the data obtained in connection with the report and its investigation for any other purpose.

(2) Personal data processed by the University in the course of an investigation may only be transmitted to the whistleblower protection lawyer who may assist in the investigation of the complaint or to external organisations or authorities, if the conditions set out in the Complaints Act are met. The University shall not disclose the whistleblower's personal data without the consent of the whistleblower.

The University may transfer data processed under the internal whistleblowing system to a third country or international organisation only if the recipient of the transfer has given a legal undertaking to comply with the rules on whistleblowing set out in the Complaints Act and subject to the provisions on the protection of personal data.

(3) The University shall ensure and facilitate the exercise by data subjects of their rights under Regulation (EC) No 2016/679 of the European Parliament and of the Council on the protection of personal data with regard to the processing of personal data and on the free movement of such data, and repealing Regulation (EC) No 95/46/EC, in accordance with its data management and data protection policy.

(4) In order to comply with the requirements under paragraphs (1) to (3), the University shall regularly review the investigation documentation to ensure compliance with the relevant data protection requirements.

Final provisions

35. §

(1) The Policy – with its amendments - shall enter into force on 15 October 2024, after the Senate's approval.

(2)As the Policy enters into force, its previous version – in force from 1 August, 2023, version 1 – expires.

Closing clause:

The amendments of the Quality Policy of Obuda University was approved by the Senate at its meeting on September 30, 2024, with the resolution number SZ-2024/2025 (IX.30.) 239. Effective: from October 15, 2024.

Budapest, October 15, 2024.

Prof. Dr. Levente Kovács
Rector

ESG quality assurance standards

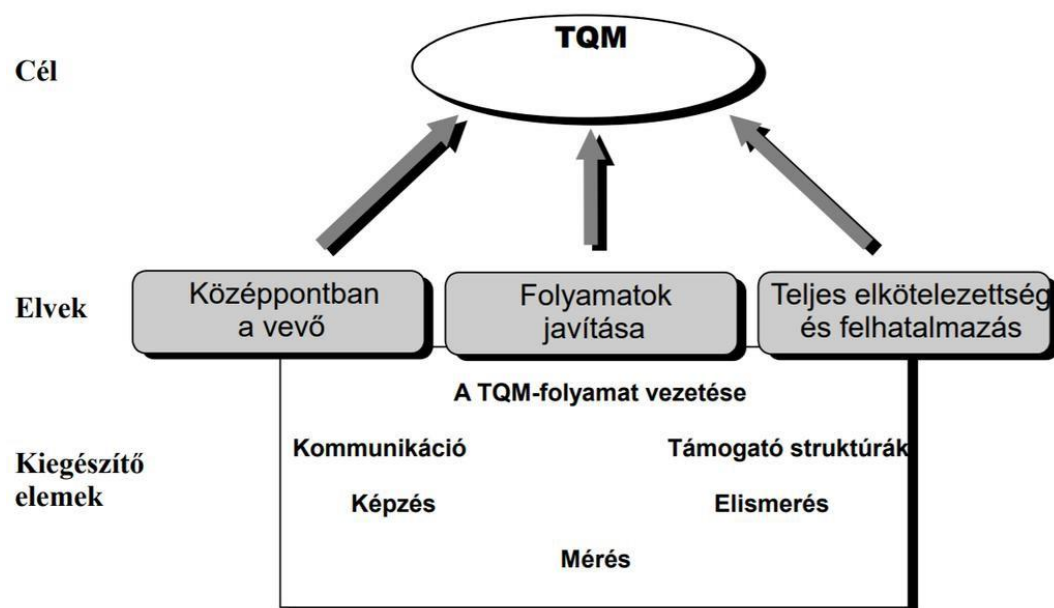
Standard number	Standard	Standard content
ESG 1.1	Quality assurance policy	<p>Institutions should have a public quality assurance policy that is part of their strategic management. This should be developed and implemented by internal stakeholders [i.e. students, teachers and non-teaching staff], through appropriate structures and processes, with the involvement of external stakeholders [users, employers, partners].</p>
ESG 1.2	Design and approval of training programmes	<p>Institutions should have processes in place for the design and approval of their training programmes. Training programmes should be designed to achieve their stated objectives, including the expected learning outcomes. The qualification to be obtained through the programme should be clearly defined and communicated, with reference to the appropriate level of the national qualifications framework and, through this, to the qualifications framework of the European Higher Education Area.</p>

ESG1.3	Student-centred learning, teaching and assessment	Institutions should ensure that their training programmes are delivered in a way that encourages students to play an active role in the learning process. Student understanding should reflect this approach.
ESG1.4	Admission, progression, graduation and awarding of qualifications	Institutions consistently apply their pre-defined and published policies covering the whole student lifecycle, admission, for example on progression, recognition of studies and award of qualifications.
ESG1.5	Educators	Institutions should ensure that their trainers have the right competences. Apply fair and transparent procedures for the recruitment and training of their trainers.

ESG1.6	Learning support and student services	Institutions should have adequate sources of funding for learning and teaching activities, and provide adequate and easily accessible learning support facilities and student services.
ESG1.7	Information management	Institutions should collect, analyse and use relevant information to guide their training programmes and other activities.
ESG1.8	Public information	Institutions should publish clear, accurate, objective, up-to-date and easily accessible information about their activities, including their training programmes.

ESG1.9	Continuous monitoring and regular evaluation of training programmes	Institutions should continuously monitor and periodically review their training programmes to ensure that they are achieving their objectives and meeting the needs of students and society. These evaluations should lead to continuous improvement of programmes. Any
		measures planned or taken as a result should be communicated to all stakeholders.
ESG1.10	Regular external quality assurance	Institutions should be subject to external quality assurance at regular intervals in accordance with the ESG.

The TQM model and principles

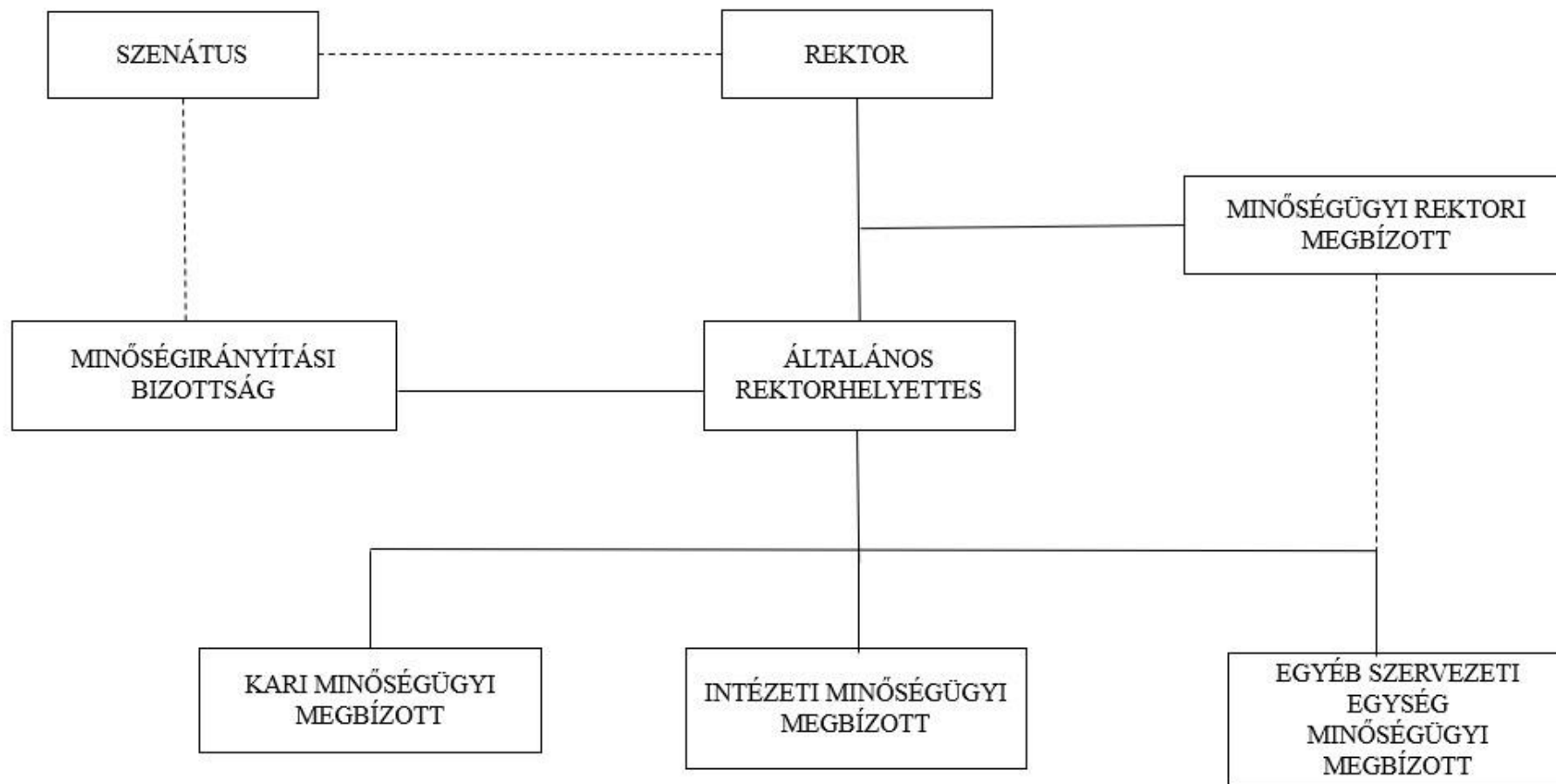


The three key principles of TQM are:

- a) *Customer focus*: the organisation should focus on meeting the needs of its customers (internal and external), i.e. students, staff, external partners. This requires: understanding, regularly measuring and analysing external and internal customer needs, and responding to changing customer needs and providing the necessary resources to do so.
- b.) *Process improvement and development*: continuous improvement and development of processes to provide better quality services. To this end, the organisation applies the PDCA principle and conducts benchmarking activities to learn about good practices of market players.

c.) *Total commitment and empowerment*: it means both the commitment and leadership style of the management to quality and the active participation and commitment of all employees in the organisation to continuous improvement and meeting customer needs. This requires the *involvement* and *empowerment of staff* in operational processes.

Annex 3 Organogram of the quality organisation



Implementing ESG standards and guidelines in institutional operations

ESG 1.1 Quality assurance policy, external quality assurance

The institution has a Quality Policy, which is developed and implemented, regularly reviewed and renewed, partly by the QMC and partly by the Senate, involving internal stakeholders (students, teachers/researchers and non-teaching staff) and external stakeholders (users, employers, partners). The Quality Policy is issued and approved by the Rector.

The Quality Policy and the Mission Statement are the main pillars of the institution's coherent quality assurance system, which contribute to the development and consolidation of the institutional quality culture (Annex 5) as a continuous quality development cycle, and in which all actors of the institution take responsibility for quality. In order to promote the implementation of the quality policy, the institution's management ensures that staff are properly informed through internal communication channels (departmental meetings), other internal training and the annual staff meeting. Students receive up-to-date information on the content and ongoing implementation of the Quality Policy partly through the work of the various committees and their participation in the Senate body, and partly through internal communication channels. The Quality Policy is presented to new entrants to the first year as part of their information about the institution. The Quality Policy reflects the close link between learning and teaching and research. The Quality Policy has formal status and is a publicly available document. Doctoral schools may formulate a separate Quality Policy through the DIT to highlight their specificities, which is approved by the UDHC.

The quality policy provides a framework for the institutional quality objectives, which are defined by the DIT at the level of the QMC on the one hand and the doctoral schools on the other, in line with the University's Institutional Development Plan. Further provisions for the definition of quality objectives, their annual evaluation and the definition of the necessary measures to achieve them are laid down in chapter 1.7 of the ESG.

The quality policy is made available to all interested parties on the institution's website and in the usual ways and places in the institution.

Tasks in this area are typically the responsibility of the Quality Management Committee, under the supervision of the The Vice-Rector responsible for Information Technology and Quality Assurance, but in special cases the Rector's Council is also involved. The final approval body is the Senate.

The Quality Policy also addresses the need to ensure equal opportunities, discrimination, and the conditions of academic integrity and freedom by the institution, by combating intolerant and discriminatory behaviour and fraud.

The institution also expects its contractors to comply with and apply the institutional quality management system when carrying out outsourced activities involving other contractors. This is the responsibility of the contractors in contact with the external party.

The institution and its doctoral schools do not participate in any quality assurance procedures other than the MAB accreditation procedure.

The institutional policy context for meeting this ESG standard:

QUALITY POLICY
MISSION STATEMENT
OBUDA UNIVERSITY INSTITUTIONAL DEVELOPMENT PLAN 2021-
2024 QUALITY MANAGEMENT COMMITTEE RULES OF PROCEDURE
EQUAL OPPORTUNITIES POLICY
GENDER EQUALITY STRATEGIC PLAN 2022-2025
ETHICAL CODE

ESG 1.2 and 1.9 Design and approval, continuous monitoring and regular evaluation of training programmes

The primary objective in designing training programmes is to operate a training portfolio that can meet the needs of the labour market at the highest possible level, and therefore the care and continuous development of these programmes are at the core of the institution's training mission. The training programmes include academic knowledge and skills that can be transferred to students, which will influence their future personal and professional development and which they can apply in their future careers in line with the expectations of the labour market.

Training programmes are developed by the University according to the following principles and procedures:

- are developed in line with the institutional strategy;
- clearly set out the expected learning outcomes (curriculum);
- the process involves student representatives (Student Representation Council, Student Government) and labour market representatives through the Industry Council;
- additional external experts may be called in as necessary;
- ensure the smooth progress of the student in the implementation of the training plan;
- ensure transparent, clear and public information on the expected student load, expressed in ECTS credits;
- where relevant, include well-fitting practical criteria;
- the institution is formally approved by the Education Committee and then by the Senate.

The training programmes will set out the specific qualification to be obtained, indicating the level of qualification as defined both in the national qualifications framework and in the European Higher Education Area qualifications framework. Each training programme is assigned to a host faculty, which ensures that the training plans are made public on the Faculty's website and on Moodle.

The basic units of the training plan are the subjects, the descriptions of which clearly set out the purpose of teaching the subject, the content, the expected learning outcomes, the method of assessment and evaluation. It is the responsibility of the subject leader to carry out an annual review of the subjects, ensuring as far as possible that recent research findings are incorporated into the subject content. This should be monitored by the subject supervisor.

The professionalism of the training plans and the continuous monitoring and updating of their implementation are ensured by the supervisor. In the course of these activities, the results and feedback from the various student needs and satisfaction surveys, the results of the Student Opinion Survey on Teacher Work (SOTL), the satisfaction surveys of teaching and research staff, training partners and various examination boards (admission, final examinations, etc.), as well as feedback from the labour market and other partners, should be taken into account for quality assurance purposes.

The development of training plans is also facilitated by the results of benchmark studies in the field, carried out by the supervisor on the basis of information on the same field from national and international peer institutions, publicly available or available through internal professional collaborations. The results of these studies are collected by the Education Committee and used in training development activities.

The professional implementers of the training plans are the subject coordinators and the invited trainers, as well as the partners providing the practical training, who work closely together. The administrative support is provided by the Directorate-General for Education through its staff and the interfaces provided by the Neptun system.

The Education Committee, under the direction of the Vice-Rector for Education, is responsible for the tasks in this area. The Senate is the final approving body.

The institutional policy context for meeting this ESG standard:

STUDENT REQUIREMENTS OF OBUDA UNIVERSITY

THE STUDY SCHEDULE OF OBUDA UNIVERSITY

RULES OF PROCEDURE OF THE EDUCATION COMMITTEE OF OBUDA UNIVERSITY

ESG 1.3 Student-centred learning, teaching and assessment

In the design and implementation of training programmes, great attention is paid to creating the conditions for student-centred learning, teaching and assessment.

In doing so, training providers are expected to take into account the diversity of students and their needs, and therefore, based on the nature of the subjects and units, they should also seek and make available to students solutions to provide flexible learning pathways. Teachers are expected to use, where relevant, a variety of teaching methods, using different pedagogical methods and receiving feedback on the effectiveness of their practical application through various evaluations.

To learn these methods, the institution provides professional training and further training for all its teachers.

The institution provides an optimal operating environment in which mutual respect between student and teacher is ensured, while student autonomy is also asserted with adequate guidance and support from teachers.

With regard to the assessment of studies, the institution expects teachers to use a variety of examination methods wherever possible; the criteria and methods of assessment are to be made public in advance, immediately before the start of the course; and it is expected that the assessment should objectively reflect the extent to which the student has mastered the learning expectations set. The results of the SOTL survey are the best reflection of this institutional expectation.

The institution also seeks to ensure, where possible, that assessment is carried out by more than one examiner; assessment is applied consistently and fairly to all students, in accordance with a standardised procedure set at institutional level.

Following the institution's procedures, it ensures the handling of student complaints, the provision of a formal appeal mechanism and the operation of a redress forum. It also contributes to the fair handling of student complaints and appeals through the representative of the Student Council and the Student Government. The Student Appeals Committee is responsible for tasks in this area. An analytical evaluation of student complaints is also carried out during the annual self-evaluation, the results of which are fed back to all stakeholders through the Senate.

The institutional policy context for meeting this ESG standard:

STUDENT REQUIREMENTS OF OBUDA UNIVERSITY
THE STUDY SCHEDULE OF OBUDA UNIVERSITY

ESG 1.4 Admission, progression, recognition of studies and award of qualifications

The institution has a set of pre-defined and published procedures covering the entire student lifecycle for the admission, progression, recognition and award of qualifications, which it applies consistently. The institution makes available on its website, in a transparent and comprehensible manner in English and Hungarian, information for all stakeholders, providing up-to-date and accurate information about the institution and its training programmes.

The institution has procedures and tools in place to collect, monitor and respond to information on students' progress. The annual self-evaluation activity provides the professional basis for this, which is based on the ESG criteria and involves stakeholders from the relevant disciplines.

The institution will place particular emphasis on ensuring objectivity and impartiality in its admission procedures within its own remit, and will promote student mobility and ensure that performance at other institutions or at an external professional organisation abroad or in the country is taken into account, with 30 hours of work being equivalent to 1 credit. In the case of such performance, the Credit Transfer Committee will examine the content of the subject requirement on the basis of the application submitted (75% of the content may be accepted if study at another institution) and review the professional teaching and other practical performance and decide whether to accept or reject it.

Graduation is the culmination of your studies. Upon successful completion of their studies, students receive the relevant documents describing the qualifications they have obtained, including the learning outcomes achieved, and the context, level, content and status of the studies pursued and successfully completed.

The institutional policy context for meeting this ESG standard:

STUDENT REQUIREMENTS OF OBUDA UNIVERSITY

ESG 1.5 Trainers

The institution takes into account student diversity and the increasing role of learning outcomes in the design and development of its teaching staff, which requires student-centred learning and teaching. The institution has primary responsibility for the quality of its teaching staff and for ensuring conditions that support effective teaching. To this end, it shall establish and operate clear, transparent and fair processes to ensure that working conditions are conducive to the recruitment of teachers and that the value of teaching is recognised. It provides opportunities for and promotes the professional development of trainers on a broad basis. It supports academic work to strengthen the link between research and education, innovation in teaching methods and the use of modern technologies.

The University's Employment and Requirements Framework (ERF) sets out the quality criteria that can be applied to the teaching/research staff and the criteria that can be taken into account for performance-based motivation of teachers and for the management of professional and academic career development. The performance of teaching/research staff will be assessed annually on the basis of the criteria set out in the ERF, using an objective and comparable measurement system. The concrete results are made directly known to the staff concerned and their superiors. Improvement measures are formulated for underperformers. General information on this subject is provided at the level of the institution at the annual general staff meeting.

Amongst other things, the ERF provides for the recognition of scientific activities and their financial reward, as well as entry and promotion criteria for colleagues employed as teachers and researchers.

It sets out predictable and realistic career development conditions for colleagues in these jobs.

It is worth noting that the University has also developed a financial incentive scheme to enhance quality publishing. Thus, rewards are given to colleagues who have filed Hungarian or international patents, staff or service patents, with the National Intellectual Property Office, and who have published in D1, Q1, Q2 rated journals and periodicals.

The University provides significant support and encouragement for the modernisation of teaching materials, the development of online teaching materials and the publication of the scientific and professional results of teachers and researchers in international conferences and journals. This support covers participation and/or publication costs, travel and accommodation expenses.

In order to monitor the teaching activities of the instructors, the student evaluation of the teaching work (SOTL) is carried out every semester, in accordance with the relevant institutional procedures, in order to contribute to the improvement and development of the quality of teaching and the efficiency of training. The evaluation of the work of the trainers contributes to the identification and elimination of possible errors and shortcomings and, ultimately, to the continuous improvement of teaching activities. This information will make it possible to take the necessary steps (pedagogical, methodological, etc.) to ensure that the quality of training is improved.

Student review of teaching work includes:

- a) the quality and standard of education;
- b) the curriculum taught;
- c) the scientific methods of education;
- d) the material and technical conditions of education;
- e) the relationship between teachers and students;
- f) other aspects that determine the quality of education.

The institution also monitors the opinions and satisfaction of its teachers, which it asks for annually through a formal online survey. The QMC Secretary is responsible for organising and conducting the survey.

After processing the responses received, it forwards them to the President of the QMC, who, with the involvement of the QMC, evaluates the results and formulates possible improvements. Feedback on the results is provided to colleagues through internal communication forums (departmental, institute meetings, intranet, etc.).

The institutional policy context for meeting this ESG standard:

STUDENT REQUIREMENTS OF OBUDA UNIVERSITY

THE STUDY SCHEDULE OF OBUDA UNIVERSITY

REGULATIONS FOR TEACHING AND LEARNING SUPPORT MATERIALS AT OBUDA UNIVERSITY REGULATIONS FOR STUDENT REVIEW OF THE TEACHING WORK OF OBUDA UNIVERSITY

ESG 1.6 Learning support and student services

The University has adequate funding for learning and teaching activities and provides adequate and easily accessible learning support facilities and student services for its students. It also offers a wide range of support for learning to ensure that students have a successful learning experience. These are partly infrastructural, from the library to learning facilities and IT systems, and partly human, from tutors to counsellors and other support professionals.

The University provides student services through a service contract, which offers students a colourful range of services. The primary aim of their activities is to support students in completing their studies and integrating into university life. It also provides help with career guidance, career planning and personal difficulties. There is a Student Community Centre (SCC) on both the Buda and Pest campuses, where, in addition to the office managers, qualified psychologists are available to help students.

Individual counselling is available for problems related to university and private life, and group training is available for skills development.

Mental health counselling is also available for students in both Budapest and the rural sites, in both Hungarian and English. Online counselling is also available.

An annual student satisfaction and needs survey, including institutional services, will be carried out and the results will be used to identify areas for improvement.

The needs of a diverse student population (such as adult, part-time, work-study, foreign or disabled students), the emphasis on student-centred learning and flexible ways of learning and teaching will be taken into account in the installation, design, operation and monitoring of learning support and student counselling. In particular, the creation and maintenance of equal opportunities conditions, to which the institution devotes

considerable attention through its various services and measures, is a key element. Internal quality assurance ensures that all support is fit for purpose, accessible and that students are properly informed about the services available to them.

Support and administrative staff play a vital role in the delivery of services, and the institution also takes great care to continuously develop the skills and qualifications of its non-teaching staff. In their selection, the institution already applies a rigorous set of criteria (language skills, ICT competences, communication and problem-solving skills, etc.) to ensure that the processes they manage are also carried out to a high standard, with a view to increasing student satisfaction, measured annually.

The University operates three main e-learning frameworks on the Moodle platform, as well as a repository and online content lending as an online library service. In addition, the University's pre-printed academic content is also available for remote access.

Student representation is ensured through the representatives of the Student Council and Student Government both in the Senate and in other professional bodies and committees. The institution promotes and supports the international mobility of students by offering a wide range of opportunities such as language learning, scholarships, scientific and other conference participation and publication opportunities, as well as opportunities for talented students to participate in scientific student circles and professional colleges, which are communicated through the various internal communication channels used by the institution (email, intranet, website, bulletin board, etc.).

The ALUMNI programme also focuses on fostering links with graduates.

Students are also provided with the means to deal with various requests and complaints, for which the institution has developed and makes available to its students a detailed procedure.

The institution also provides, continuously monitors and develops its sports, dining, dormitory and medical facilities for the well-being of its students, which are updated through the institution's website.

The institutional policy context for meeting this ESG

standard: STUDENT REQUIREMENTS OF OBUDA UNIVERSITY

OBUDA UNIVERSITY INSTITUTIONAL DEVELOPMENT PLAN 2021-2021

1.7 Information management

The institution regularly collects, analyses and evaluates relevant information to guide its training programmes and other activities. The Quality Development Agenda document, which supports the implementation of the strategy based on the University's Institutional Development Plan, sets out specific quality objectives related to each ESG criterion and also serves as a source of information on indicators that can be used to assess the institution's performance.

To make evidence-based decisions and to know how efficiently processes are working, what to look out for, where to intervene and where to improve, reliable data must be available. Effective processes for collecting and analysing information on programmes and other activities are part of the internal quality assurance system and are the sources of information for:

- the key performance indicators;

- the composition of the student body (type of training, work schedule, form of funding, individual preparation, etc.);
- student progress, achievement and drop-out rates;
- student satisfaction with training programmes, trainers, subject leaders;
- the availability of learning support and student counselling;
- career paths/careers of graduates;
- instructor satisfaction;
- satisfaction of non-teaching staff; • external partner reviews, satisfaction.

This data and information contributes in particular to the evaluation of the institution's quality objectives, which are carried out annually by the QMC in the framework of a self-evaluation. The results will be made available to the citizens of the University in the usual way, following the information of the Senate.

The institution uses various methods to collect and process data, as described in the previous chapters, mainly through questionnaire surveys. The QMC is responsible for coordinating the collection and processing of data.

The data collection will involve students, doctoral students, lecturers/researchers and non-teaching staff, as well as external stakeholders (labour market actors, visiting lecturers, representatives of partner institutions, professional organisations, etc.). The management, analysis and feedback of the available data to the appropriate points in the operational processes is the responsibility and competence of the QMC manager.

The institutional policy context for meeting this ESG standard:

OBUDA UNIVERSITY INSTITUTIONAL DEVELOPMENT PLAN 2021-2021
 ORGANISATIONAL AND OPERATIONAL RULES OF OBUDA UNIVERSITY
 OBUDA UNIVERSITY QUALITY MANAGEMENT COMMITTEE RULES OF PROCEDURE

1.8 Public information

It is useful and necessary for prospective and current students, graduates, other stakeholders and the general public to have up-to-date information on the institution's activities, services, achievements and future objectives available on its website.

To this end, the institution provides information in both English and Hungarian on its website, including information on its activities, services, documents relating to the operation of the institution, the results of its accreditation procedures, its training programmes, admission requirements, expected learning outcomes, qualifications, teaching, learning and assessment procedures, success indicators, learning opportunities for students and the employment of graduates.

The University shall ensure that clear, accurate, objective, up-to-date and easily accessible information is published and that its relevant documents are made public. In addition, the National Doctoral Council shall publish the information it requires on the public platform of the National Doctoral Council, doktori.hu. The Press and Marketing Office is responsible for managing the institution's communication interfaces.

The institutional policy context for meeting this ESG standard:

ORGANISATIONAL AND OPERATIONAL RULES OF OBUDA UNIVERSITY
 OBUDA UNIVERSITY IMAGE MANUAL

The Obuda University Quality Culture Model

