Quality Assurance Code of Practice

Professional Accreditation

This document is primarily intended for:

Directors of Studies
Heads of Departments or equivalent
Members of Courses and Partnerships Approval Committee
Members of Department/ Faculty/ School Learning, Teaching and Quality Committees

Queries:

First point of contact – Assistant Registrars in the Faculty/School or equivalent
Technical/specialist contact – Academic Registry

1. Purpose, scope and principles 1
2. Accreditation documentation: preparation and submission 3
3. Accreditation visits 4
4. Post event 5
5. Interim and annual reports 6
6. Discontinuation of an accreditation 6
7. Timeline 6

1. Purpose, scope and principles

Purpose

1.1 The purpose of this statement is:

- to support Departments, the School and the Learning Partnerships Office (LPO) in their preparations for seeking, renewing, or discontinuing an accreditation.
- to enable an appropriate institutional overview to be maintained of any accreditation by an external body that is being sought in the University's name.

Scope: what provision does this statement cover?

1.2 Professional accreditation is the official recognition awarded by an external professional or statutory body as the result of institutions meeting specific standards or criteria. The functions of accrediting bodies may encompass:

- recognition of the quality of a course, part of a course, or set of courses e.g., Physiotherapy
- recognition of the quality of a Department/School e.g., School of Management
- accreditation of courses for professional entry, e.g., Architecture, Engineering
- statutory responsibilities, with legal powers to represent, e.g., Medicine, Law
- regulatory responsibilities, with inspectorial function, e.g., teacher training provision.

1.3 This statement applies to all credit-bearing provision leading to an award of the University of Bath and to academic Departments /the School, for which accreditation by external bodies is being sought or renewed, including apprenticeship courses and courses involving collaborative provision. This includes instances where accreditation is being sought for part, rather than the whole, of a course.

1.4 Peer review through professional accreditation supplements the University's own mechanisms for monitoring and review of its courses. It draws upon and contributes to the related processes of External Examining (QA12), Education Annual Review and Enhancement (QA51) and periodic review, such as Degree Scheme Review (QA13).

Principles: why is this approach important?

1.5 The University is committed to a distinctive academic approach that emphasises the education of professional practitioners, the application of learning, and enhanced employability. Along with the University's own course design, monitoring and review mechanisms, the aim of professional accreditation is to secure for students a high quality academic and professional experience and to provide enhanced opportunities for graduates within their chosen profession, or for professional registration.

1.6 An institutional overview of accreditation is maintained. Internal ownership and leadership of accreditation exercises rests principally at the level of the discipline with the Department/ School/LPO/Partner being best placed to present information regarding its academic provision. Nonetheless, the legal entity being accredited is the University and the provision being accredited, while owned and/or managed by a Department/School/ the LPO, leads to awards of the University. Accreditation reports also contribute to the profile against which institutional management of standards is externally audited.

1.7 For new accreditations, the University must be assured of the appropriateness of entering into an association with the external organisation, to maintain standards and manage reputational risk. For all accreditation submissions, the University must also be assured that information about institutional policies and processes, or central services, intended for external submission is accurate and up to date.

1.8 Whether a course is accredited, and by whom, constitutes ‘material information’ about the course for current and prospective students, in the context of consumer protection law. The University has a legal responsibility to provide clear and accurate information to students about the accreditation status of its courses.

2. Accreditation documentation: preparation and submission

Preparing documentation

2.1 The Head of Department/LPO or Dean of School will identify a member(s) of staff to act as the key liaison person, who will normally be responsible for preparing the accreditation submission. Where an accreditation relates to an individual course, this will normally be the Director of Studies, working with the Director of Teaching.

2.2 The School/Department/LPO in liaison with the Faculty/School Assistant Registrar is responsible for providing accurate and timely information to University staff, including secretaries of approving committees, about upcoming accreditation exercises (including those who will be asked to provide service-specific content or relevant data). Academic Registry will also enquire annually to confirm those expected to take place in the following academic session, and to seek notification of any new accreditation being sought. It is strongly recommended that forthcoming accreditation exercises be flagged up in Annual Planning.

2.3 Where there are unexpected delays in submission of documentation to professional bodies and/or where deadlines or dates need to be renegotiated, University staff who will be affected by the delays should be informed of the circumstances at the earliest opportunity, including the Dean and secretaries to relevant committees. Faculty/School and institutional oversight of relationships with professional bodies needs to be maintained.

2.4 The Faculty/School Assistant Registrar is the primary source of advice on preparing professional accreditation submissions and the signing off process, taking advice from the Academic Registry where appropriate.

2.5 The Department/School/LPO in liaison with the Assistant Registrar is responsible for drafting the accreditation submission and assembling the supporting evidence base. This may entail timely requests for information from other Departments e.g., Departments contributing a unit to a course, or professional services such as the Library, Admissions, Academic Registry, or Digital, Data & Technology. Notice of these requests should be given at the earliest opportunity so that affected departments/teams can manage workload implications and plan a coordinated approach.

2.6 For accreditation exercises involving an accreditation agreement, advice on the draft agreement should be sought through the Assistant Registrar (or equivalent), from Academic Registry and the University's Legal Adviser, prior to approval of the agreement being sought from the Faculty/School Learning, Teaching and Quality Committee (F/SLTQC).

Internal approval of submission

2.7 Professional bodies often require submission of extensive documentation and have different practices regarding format (paper or on-line submission etc.). The Secretaries of D/F/SLTQC and Courses and Partnerships Approval Committee (CPAC) should be consulted early in the process to determine how the Committee's responsibilities for scrutiny are best fulfilled and to agree viable timelines. This will enable timely progress of and support for the submission process. Academic Registry's Academic Quality and Standards team should also be consulted at the

earliest opportunity about arrangements for Academic Registry review of documentation (see 2.9).

2.8 Completed draft submissions should be reviewed and approved from a disciplinary perspective by the D/SLTQC. They should be forwarded subsequently to the Assistant Registrar to seek approval from the FLTQC Chair on behalf of the Committee, to be noted at its next meeting. The D/F/S/LTQC is not responsible for approving content concerning University policies and procedures (see below).

2.9 Following approval by the F/SLTQC Chair at the latest, a copy of the final version of the key accreditation documents should be provided to Academic Registry Academic Quality and Standards team who will check the accuracy of any institutional-level information prior to submission of the documentation to CPAC. Time will need to be allowed for this check to take place. Therefore, if possible, this should be done as soon as a completed draft is available, and arrangements for this should be agreed in advance.

2.10 CPAC is responsible for providing institutional endorsement of the documentation being submitted in the University's name.

2.11 CPAC approval may be sought outside of a scheduled meeting where external deadlines make it impractical to bring the documentation to a committee meeting, but consideration outside of a formal meeting is by prior arrangement only. The Committee may require final amendments to the documentation before its dispatch, as a condition of approval of the submission. Arrangements should be planned and co-ordinated by the Assistant Registrar, including seeking agreement well in advance for the approach to and timing of CPAC scrutiny, to ensure that sufficient time has been allowed for approval.

2.12 In some cases, following submission and prior to their visit, an accrediting body requires further information to supplement the submission provided. In such cases the secretaries of F/SLTQC and CPAC should be consulted at the earliest opportunity about arrangements for the Chairs of those committees to sign off additional submitted material, as appropriate.

2.13 Where bespoke submission documentation is not required (e.g., for some renewals), details of any visit and the list of existing documents to be provided should be passed to the D/S/FLTQCs and to CPAC for noting.

Submission to Professional, Statutory and Regulatory Bodies (PSRBs)

2.14 Following endorsement of the accreditation submission by CPAC, the Department/School/ LPO is responsible for the delivery of the accreditation submission to the accrediting body.

3. Accreditation visits

3.1 Where an accreditation visit is required, arrangements are primarily the responsibility of the Department/School/LPO in liaison with the Assistant Registrar. However, by prior arrangement and agreement, a member of Academic Registry will attend to answer additional questions on institutional quality management issues.

3.2 Several accrediting bodies expect to meet a member of the institutional senior management team (such as the Vice-Chancellor or a Pro-Vice-Chancellor) and/or the institutional head of quality management such as the Director of Academic Registry or the Head of Academic Quality & Standards. Where this is likely to be a requirement, Departments/the School/LPO are asked to give as much prior notice as possible, and to provide a copy of the key accreditation documentation, for example the evaluative commentary or an executive summary, at least seven days prior to the visit.

4. Post event

4.1 Copies of the confirmation of accreditation outcome (e.g. report, letter and/or certificate from the accrediting body) should be stored within the Department/School/LPO and in addition shared with:

- the Vice-Chancellor
- the Dean/Head of School
- the Secretary to the D/SLTQC (for report to that Committee)
- the Secretary to the F/SLTQC (for report to that Committee)
- the Secretary to CPAC (for report to that Committee)
- Academic Registry Academic Quality & Standards team (to ensure maintenance of the professional accreditation register in conjunction with departments/faculties/the School).

4.2 Following the accreditation process, the Department/School/LPO is responsible for co-ordinating and drafting a response to the accreditation report, and for planning actions in response to any recommendations made by the accrediting body. The completed response and action plan should be submitted to the D/SLTQC for consideration and approval before despatch. Copies of the response should be stored within the Department/School/LPO and in addition circulated as in 4.1 above.

4.3 D/SLTQCs are responsible for monitoring progress with the action plans. In approving responses and action plans and monitoring progress, D/SLTQCs will:

- identify examples of good practice
- identify issues raised regarding the provision being accredited
- approve the action plan and determine the appropriate form of monitoring
- forward the action plan, progress report and relevant Minutes (including any issues or good practice identified) to the FLTQC to be noted.

4.4 The S/FLTQC will maintain a Faculty/School-wide overview of issues being raised by accrediting bodies and raise any substantial or recurrent issues for institutional action with the Education, Quality & Standards Committee (EQSC).

4.5 In instances where the accrediting body's recommendations create a potential conflict with the University's Academic Framework or Regulations, or Assessment Regulations, the advice of Academic Registry should be sought through the Assistant Registrar before a response is made by the Department/School/LPO, or a case is made to CPAC for exemption from the Academic Framework.

4.6 Copies of any subsequent correspondence with and from professional accrediting bodies linked to conditions and recommendations will be stored within the

Department/School/LPO and in addition circulated to the Assistant Registrar and Academic Registry's Academic Quality and Standards team.

5. Interim and annual reports

5.1 Should the accrediting body require them; interim and annual reports should be submitted to the F/SLTQC for consideration and approval before submission to the accrediting body by the Department/LPO.

6. Discontinuation of an accreditation

6.1 Where a Department/School/LPO does not wish to renew an existing accreditation, approval for this change should be sought well in advance, following QA4 Amendments to Existing Units and Courses and the Approval of New Units.

6.2 Where an accrediting body withdraws opportunities for course reaccreditation (e.g. because of a change to its accreditation function) then notification of this should be shared with those listed in 4.1 above.

7. Timeline

7.1 A summary of this statement providing guidance for staff preparing professional body submissions in the form of a timeline and checklist is available from the Quality Assurance Code of Practice web pages.

Statement Details

Issue Version:	**2.13**
Date:	**August 2025**
Antecedents:	*Academic Studies Committee:* 15 June 1993 Minute 133
	Senate: 28 June 1993 Minute 9168
	Quality Assurance Committee: 23 November 2001 Minute 269b 5 June 2006 Minute 623(1) 8 May 2008 Minute 833 (1) 1 July 2008 Minute 857(8) 03 July 2009 Minute 976(7) 13 July 2010 Minute 1098(3)
	University Learning Teaching and Quality Committee: 10 July 2012 Minute 279 9 July 2013 Minute 428 8 July 2014 Minute 552 7 July 2015 Minute 671

	5 July 2016 Minute 807 11 July 2017 Minute 940 17 July 2018 Minute 1059 16 July 2019 Minute 1197
	Education, Quality and Standards Committee: 14 May 2025 2 July 2024 22 September 2023
Related Documentation:	QA13 Degree Scheme Reviews QA51 Education Annual Review and Enhancement QA4 Amendments to Existing Units and Courses and the Approval of New Units
Author:	Academic Registry