



## Quality Assurance Code of Practice

### Professional Accreditation

**This document is primarily intended for:**

Directors of Studies  
 Heads of Departments or equivalent  
 Members  
 Courses and Partnerships Approval Committee  
 Dept/ 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

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## 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 or renewing 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 programme, part of a programme, or set of programmes eg Physiotherapy
  - recognition of the quality of a Department/School eg School of Management
  - accreditation of programmes for professional entry, eg Architecture, Engineering
  - statutory responsibilities, with legal powers to represent, eg Medicine, Law
  - regulatory responsibilities, with inspectorial function, eg 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 those involving collaborative provision. This includes instances where accreditation is being sought for part, rather than the whole, of a programme.
- 1.4 Peer review through professional accreditation supplements the University's own mechanisms for monitoring and review of its programmes. It draws upon and contributes to the related processes of External Examining ([QA12](#)), Annual Monitoring of Units and Programmes ([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 graduate employability. Along with the University's own programme 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 entering their chosen profession.
- 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 upon 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 publicly audited.
- 1.7 Whether a programme is accredited, and by whom, constitutes 'material information' about the programme 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 programmes.

## **2 Accreditation documentation: preparation and submission**

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### **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 programme, this will normally be the Director of Studies, working with the Director of Teaching.
- 2.2 The School/Department/LPO in liaison with the Assistant Registrar is responsible for providing accurate and timely information to University staff and secretaries of committees about upcoming accreditation exercises. 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 helpful for forthcoming accreditation exercises to be flagged up in Annual Planning.
- 2.3 Where there are unanticipated delays in submission of documentation to professional bodies and/or where deadlines or dates need to be renegotiated, the Dean should be informed of the circumstances. Faculty and institutional oversight of relationships with professional bodies needs to be maintained.
- 2.4 The 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 to other Departments eg Departments contributing a unit to a programme, or professional service such as the Library or Computing Services.
- 2.6 The standard text on Indicators of Quality and the links contained therein, used in [programme specifications](#), can often be drawn upon in preparing the sections on quality in the institutional context for professional accreditation.
- 2.7 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**

- 2.8 Professional bodies often require submission of extensive documentation and have different practices with regard to format (paper or on-line submission etc.). The Secretaries of D/F/SLTQC and Courses and Partnerships Approval Committee (CPAC) should be consulted early on in the process to determine how the Committee's responsibilities for scrutiny are best fulfilled.
- 2.9 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 3.11 below).
- 2.10 Following approval by the F/SLTQC Chair, a copy of the final version of the key accreditation documents should be provided to Academic Registry who will check the accuracy of any institutional-level information, and then submit the documentation to CPAC.
- 2.11 CPAC is responsible for providing institutional endorsement of the documentation being submitted in the University's name. The Chair of CPAC may do this on behalf of the Committee where this is more practical, and subject to prior arrangement to allow sufficient time for review. The Chair of the Committee may require final amendments to the documentation before its dispatch, as a condition of approval of the submission. Arrangements should be planned in advance and co-ordinated by the Assistant Registrar.
- 2.12 Where bespoke submission documentation is not required (eg 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)**

- 2.13 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**

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- 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 A number of 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 Registry Services. 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

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- 4.1 Copies of the accreditation report should be forwarded to:
- 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, and maintenance of the professional accreditation register).
- 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 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 particular 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 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 University Learning, Teaching and Quality Committee.
- 4.5 In instances where the accrediting body's recommendations create a potential conflict with the University's Academic Framework or Regulations (Annex A to [QA3](#) Approval of New Programmes of Study, or [NFAAR](#)), 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 circulated to the Assistant Registrar and Academic Registry.
- 4.7 The Assistant Registrar will inform Academic Registry of the outcomes of all professional accreditation applications to assure maintenance of the Professional Accreditation Register.

## 5 Interim and annual reports

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- 5.1 Should the PSRB 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 Timeline

- 6.1 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](#).

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7 July 2015		Minute 671	
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<b>Related Documentation:</b>	<a href="#">QA13</a> Degree Scheme Reviews <a href="#">QA51</a> Annual Monitoring of Units and Programmes		
<b>Author:</b>	Academic Registry		