



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

1	Purpose, scope and principles	1
	Purpose.....	1
	Scope: what provision does this statement cover?.....	1
	Principles: why is this approach important?	2
2	Accreditation documentation: preparation and submission.....	2
	Preparing documentation	2
	Internal approval of submission	3
	Submission to Professional, Statutory and Regulatory Bodies (PSRBs)	3
3	Accreditation visits	3
4	Post event.....	4
5	Interim and annual reports	5
6	Timeline	5

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 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](#)), Annual Monitoring of Units and Courses ([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 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 Assistant Registrar is responsible for providing accurate and timely information to University staff and secretaries of 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 helpful for forthcoming accreditation exercises to 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, 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 from other Departments e.g., Departments contributing a unit to a course, or professional services such as the Library or Digital, Data & Technology.
- 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. Academic Registry should also be consulted 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 who will check the accuracy of any institutional-level information, and then submit 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.
- 2.10 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 and co-ordinated by the Assistant Registrar.
- 2.11 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.
- 2.12 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)

- 2.13 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

- 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 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

- 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)
 - Academic Registry (for 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 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 Education, Quality & Standards 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 Courses of Study, or [NFAAR/PGTAR](#)), 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

- 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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Related Documentation:	QA13 Degree Scheme Reviews QA51 Annual Monitoring of Units and Courses		
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