

Quality Assurance for Higher Education in Lebanon

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Guide III: Quality Audits and Accreditation

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TABLE OF CONTENTS

Part One: Quality Audits	5
I. Introduction	6
II. Definition	6
III. The Audit Cycle and Transitional Arrangements	7
IV. The Audit Operational Principles and Service Standards	7
V. Aims and Objectives of Institutional Audit	8
A. Aims	8
B. Audit Outcomes	8
VI. The Institutional Audit Process in Summary	8
A. Overview	8
B. Information	9
VII. Student Contribution	9
VIII. How the Process Works	10
A. Preparation	10
B. Documentation and Analysis	10
C. Audit Trails	11
D. The Briefing Visit	12
E. Summary Timeline	12
F. The Audit Visit	13
G. Thematic Inquiries	14
H. Use of Benchmarks	15
I. Judgment	15
I.1 Judgment Output	15
I.2 Recommendations	16
J. The Audit Reports	16
J.1 General Parameters	16
J.2 Audit Report Content and Writing Process	17
2.1 Contents and Formats	17
2.2 Commendations, Affirmations and Recommendations	17
2.3 Writing the Audit Project	17
J.3 Approval of the Audit Project	18
3.1 The Definitive Draft	18
3.2 Responsibilities of the auditing agency Board with Respect to	

Audit Reports	18
J.4 The Final Report	18
4.1 The Public Release	18
4.2 Review of Audit Reports	18
K. Sign-off and Follow-up	19
IX. Audit Administration and Institutional Contacts	19
X. Complaints and Representations	19
XI. Audit Staff	19
A. Size	19
B. The Coordinator of the Audit Team	19
C. Selection Criteria	20
C.1 Auditor Characteristics	20
C.2 Training	21
C.3 Responsibilities	22
C.4 Additional Roles and Responsibilities of the Panel Chair	23
C.5 Additional Roles and Responsibilities of the auditing agency	
Staff Member	24
C.6 Observers on Audit Panels	25
XII. Conflicts of Interests	26
A. Purpose	26
B. Types of Conflicts	26
C. Guidelines	27
XIII Audit and Accreditation (First Party, Second Party, and Third Party)	28
Part Two: Accreditation	30
XIV. Introduction	30
A. Definition	30
B. History	30
XV. Types of Accreditation	30
A. Institutional v/s Program Accreditation	30
A.1 Institutional accreditation	30
A.2 Programme Accreditation	31
B. National v/s International Accreditation	32
C. Fake v/s Trustful Accreditation	32
D. Total Quality Management and Accreditation	32
XVI. The Trend for Accreditation	33

A. Rationales for Accreditation	33
B. Internationalization and Education	33
C. The Development of National Accreditation Systems	35
C.1 General Overviews	35
C.2 Accreditation Experience in Lebanon	38
D. High Opportunities and Expectations	41
XVII. Accreditation challenges and future trends	41
A. Global Competitiveness & Quality	41
B. Accountability	41
C. Changing the Structure of Higher Education	42
D. Transparency	42
E. Value and Affordability	42
XVIII. Standards/Criteria of Accreditation	42
A. Areas evaluated and standards	43
XIX. Success Factors of Accreditation	44
A. Stated Mission, Purpose and Stated Goals of the Institution	44
B. Clearly Defined Systems and Recourses	44
C. Continuous Evaluation	45
D. Planning	45
E. Process Documents	46
XX. Accreditation Regulations	46
A. Accredited Institution's Responsibilities	46
A.1 Responsibility in Action	46
A.2 Transfer of Responsibility	46
B. Disclosure of Accreditation	47
XXI. Maintaining Accreditation	47
A. Minimum Standards	47
B. The Re-Accreditation Process	48
B.1 Quality Sustenance	49
B.2 Quality Enhancement	49
B.3 Acting on the Assessment Report	49
XXII. References	50

Part One

Quality Audits

I. Introduction

This guide elaborates on quality audit as concerned with a higher education institution's processes for quality assurance and quality enhancement.

The major output of the guide is to understand how an institution knows that the standards and objectives it has set for itself are being met. More specifically, on what evidence is the assessment on the quality of its work based, and are the procedures in place to ensure that the significant processes are followed up and continuously improved. Quality audits are used to measure the effectiveness of the internal quality procedures in place at higher education institutions; the assumption used by auditors is always: the "innocent until proven guilty" model.

II. Definition

Audit, in the context of quality in higher education, is a process for checking that procedures are in place to assure quality, integrity or standards of provision and outcomes.

An external audit is a process by which an external person or team checks that procedures are in place to assure quality, integrity or standards of provision and outcomes in part of an institution or relating to specific aspect of institutional provision or outcomes.

The elements being checked may be an academic area, administrative area, resource (such as library or computing facility) or an aspect that cuts across institutions, such as compliance with disability legislation or health and safety. This is similar to thematic evaluation. Subject assessment, programme accreditation, is also similar to external sub-institutional audits but unlike audits include evaluative judgement. Note that audits can be undertaken internally.

The UNESCO definition of audit is directed at programme level and is about checking that aims and objectives are met: Audit is the process of reviewing an institution or a programme that is primarily focused on the accountability of the latter, evaluating/determining if the stated aims and objectives (in terms of curriculum, staff, infrastructure, etc.) are met.

The **CHEA (Council for Higher Education Accreditation)** definition of audit concentrates on the institutional audit. According to CHEA audit is a process of review of an institution or program to determine if its curriculum, staff, and infrastructure meet its stated aims and objectives. An audit focuses on accountability of institutions and programs.. The term "audit" is sometimes referred to as "institutional review".)

In summary, Higher education institutional audit is a process that concentrates on the quality of institutions/programs and the standards of awards at the point of delivery of the education services and supporting functions. Audit pays attention to the institution's responsibility to protect and respect its own name and what is made using that name. It aims at promoting public confidence that the quality of standards of awards is being protected, reviewed, and changed to the better of the institution and its stakeholders.

III The Audit Cycle and Transitional Arrangements

The **UK (United Kingdom)** is taken as worldwide reference for assigning audit cycle frames. Institutional audits in UK take place every six years. This would represent the norm to introducing institutional audits progressively from (date) onwards.

Depending on the number of institutions willing to participate in an external audit and after making sure that Higher Education Institutions have previously undertaken their own internal quality audits, which will be the focus of the external quality audit, visits would start as presented later on in this guide. It is advised, for the matter of strengthening the process of ensuring quality, to have an Academic Development Resources Center established in one or more of the leading universities to undertake quality care and support quality audits.

It is assumed that, throughout the cycle, institutions will continue to meet the expectations set out by the Higher Education Audit and Accreditation Body (Body hereafter) to be established as prerequisite to the audit process.

As a matter of check up, and after regularly starting the process of external audit, it is a high necessity to perform intermediate visits to the involved institutions to review their systems and to discuss the institutions' intentions in respect of managing quality and standards until the date of the planned audit, as it is a standard procedure adopted by most developed countries. This procedure would apply to for pre-accreditation and accreditation. A team of experts would assess the programs using a peer group of specialists and the facilities put in place to offer quality education as per the stated criteria.

A continuous check up will be undertaken to see whether the expectations are met. This puts the audit team in a better position to plan and act timely and proactively for pre-accreditation, accreditation and renewal requests.

IV. The Audit Operational Principles and Service Standards

The approach to institutional audits should refer to the practices and process standards developed elsewhere. The principles mostly applied concentrate on the following factors:

Comprehensiveness - taking into account the needs of all stakeholder groups and facilitating their participation in aspects of the audit work.

Openness - transparency in the work and methods applied, to build trust and confidence among stakeholders, and to provide information about the work to the wider public.

Liability - demonstrating that the team is using its resources to good effect and with honesty; conducting its work with integrity and neutrality; and ensuring that stakeholders are able to depend on the information provided.

Appropriateness - the need for regular, systematic and timely action in all reporting processes to support the decision-making of the audit process.

Comparability - using experience drawn from previous experiences and other organizations as a means with which to inform future work.

Significance - ensuring that the information provided by the team is useful to, and understood by, all stakeholders.

Trustworthiness - The team should be committed to the regular monitoring and evaluation of its policies, procedures and processes, to ensure their ongoing credibility and to continuously improve its performance in response to the results.

Responsiveness - In respect of institutional audit, the regular monitoring commitment includes providing the opportunity for participants in the process, including students, to provide structured feedback on their experiences.

V. Aims and Objectives of Institutional Audit

A. Aims

The aims of the institutional audit is a public interest concern that tackles and inspects how higher education is provided including awards and qualifications to insure that both quality of education and academic standards are being respected, and how institutions are exercising their legal power to award degrees the proper manner.

When the problem appears to represent a serious weakness in applying a predefined quality standard either in the programs or the standards of awards, audit offers the basis for ensuring the right reaction to improve such quality. Audit is an accountability measure when relying on public funds to run effectively the institutional functions.

B. Audit Outcomes

The audit process targets the following sensitive areas:

- The assessment of the internal quality assurance design and practices, which include the detection of review processes, at the institution, of the quality of the programs and the standards of its awards and how initiated recommendations are implemented either partially or comprehensively. This assessment is a key indicator to the soundness and reputation of the institution as an academic programs provider that respects international standards of higher education.
- The transparency of the institution while publishing its information to the public. This includes the accuracy, completeness and reliability of information to make such descriptions useful to the students or other interested stakeholders.
- The creations of a mechanism that ensures rapid action to statuses where institutional or program practices prove to be weak or seriously deficient, in order to maintain a specific quality and performance measure.
- The transparency and accountability of the use of public and grantors funds received by institutions.

VI. The Institutional Audit Process in Summary

A. Overview

The range of work in institutional audit focuses on:

- a. Assigning external reference points or benchmarks.
- b. Evaluating the outcome of internal quality assurance reviews.

- c. Assessing the available information about the institution to the public especially what relates to the quality of the programs and the standards of awards.
- d. Evaluating how information are managed and used to enhance the system of education, its quality and standards.
- e. Evaluating student statuses including the quality of their research and the degree of programs knowledge.
- f. Assessing the quality of instructors, their recruitment criteria, promotion requirements and the competitiveness of reward measures.

B. Information

The audit team should have access to all possible information about the institution, including:

- A general paper prepared by the institution outlining its approach to managing the security of the academic standards of its awards and the quality of its educational provision, and offering a view of the effectiveness of that approach. An index to the paper should list reference to existing documents cited by the institution to illustrate its approach and provide evidence to support its view of the effectiveness of that approach.
- Any key documents (such as a Strategic Plan, Quality Manual or equivalent) that the institution wishes to submit with its general paper as background or reference material.
- Reports that can be accessed directly by the team about the institution or its provision, including professional, legal and regulatory bodies, within at least five years preceding the audit.
- The information placed by the institution on its website, and the additional information held by the institution that relates to quality measures.
- The information that the students of the institution would also wish to provide in a paper in a written submission prepared by representatives of the student body. (Guide II of this series gives detailed background on the required documents for accreditation.)

VII. Student Contribution

Students are invited to submit a brief written presentation to the audit team. It should be clear that the students are welcomed and encouraged so as to offer the opportunity to express their views to the audit team in a written form.

Some fundamental questions are useful to students to get closer views in a way that is particularly useful for the audit team:

- What is the exact information that the institution has published?
- Are students aware of what is expected of them?
- What is the experience that students have learned and how?

- Are there any students who have a voice within the institution, and how effective it is?

Although the written presentation of the students is voluntary, the audit team encourages each group of students to submit its informative document. In some cases, the prospect of a relatively small number, but representative of students, can be derived from interviews, answers to basic questions.

VIII. How the Process Works

A. Preparation

The audit process will begin with a preliminary meeting between the institution and the coordinator to discuss the structure and content of the audit as a whole. This will be arranged about six months before the audit visit. The purpose of this meeting will be to clarify the scope of the exercise; to discuss the interactions between the institution, the audit body and the audit team including the relative responsibilities of all the participants; to ensure that the institution's briefing paper will be well matched to the process of audit; to emphasize that documentary evidence should be based primarily on existing material used in internal quality management, not on material prepared specially for the audit; to discuss any matters relating to the audit process; and to consider the basis for choosing audit trails. The audit body will offer advice and guidance on the process as it can, at the request of the institution. The preliminary meeting will also provide an opportunity for a separate discussion with student representatives about the written submission that it is hoped they will wish to prepare on behalf of the student body. The purpose of this meeting will be to clarify the scope and purpose of such a paper; to explore any topics, beyond the standard template for the paper, that the student representatives consider appropriate; to note any views of the student representatives that might bear upon the team's choice of audit trails; and to discuss any matters relating to the quality set or published material in general. Institutions will be invited to nominate a contact at a senior level that is able to liaise on a regular basis with the audit body, normally through the coordinator of the audit team.

Institutions and student representatives will be requested to submit their briefing papers no later than five weeks before the briefing visit. On receipt, the body will distribute the documents to the audit team.

B. Documentation and Analysis

The institution is required to submit its initial documentation for the audit no later than four months before the audit visit. The initial documentation comprises the institutional self evaluation document and other documents that the institution wishes to provide for the audit team in advance of the briefing visit. If representatives of students within the institution wish to make a separate written submission to the team, that submission should also be sent to the body at this stage.

On receipt, the documentation submitted by the institution and its students is distributed by the body to the audit team. The team also receives an analysis of relevant data produced by the Information Unit at the body in liaison with the

coordinator. The analysis uses the institution's submission to augment the digest provided for the coordinator in advance of the preliminary meeting. On the basis of this information, the team is asked to consult and to select, from the provisional selection made by the coordinator, the discipline areas that it intends to pursue during the audit. At this stage, the team also considers possible areas for thematic enquiry (discussed later in this guide).

On the basis of the audit team's decisions, and not less than 14 weeks before the audit visit, the [Auditing Agency](#) confirms the membership of the audit team and provides the institution with a confirmed list of discipline audit trails.

C. Audit Trails

An audit trail is an error detection technique that follows a discipline from input to output. Disciplinary trails are essential to offer a recent illustration of institutional processes for assuring the quality of programs and the standards of awards. It detects the lack of clarity in the institutional self evaluation report about particular aspects of the quality assurance arrangements, which might be better illustrated for the team through examination of a particular discipline. It also helps following any indication in other documentation, in the period preceding the audit, of a possible or identified weakness. Finally it enables the audit team to sample an appropriate range of the institution's provision.

The number of discipline audit trails for each audit is determined by the team on the basis of the size and breadth of an institution's provision. As a general guide, the sampling trails are expected to represent some [10 per cent \(in terms of the number of enrolled students\)](#) of the institution's higher education programs that may cover a program, a cluster of related program, a field of study, a department, or another unit of review. Normally around [25 per cent \(2 days\)](#) of auditor time during the visit is allocated to the trails.

The trails comprise of some essential elements as follows:

- A recent internal review report (or similar) covering the area of the discipline audit trail.
- A provision of a limited amount of documentation or illustrative materials that may be drawn from the unpublished information.
- An examination of the accuracy, completeness and reliability of the information that the institution provides to potential students, employers and other stakeholders about the quality of its programs and the standards of its awards.
- An examination of the quality of teaching and learning and the standards achieved by students, and draws upon the primary evidence provided by a sample of students' work.

Each audit trail results in a conclusion by the audit team about the extent to which the institution's quality assurance arrangements are operating in practice, at discipline level, in a way that ensures acceptable quality and standards.

D. The Briefing Visit

An audit team's visit to an institution will take place in two parts. The first part is the briefing visit, which is an opportunity for the audit team to gain a sound understanding of the institution and its approach to the strategic management of academic standards and quality of provision prior to the audit visit. During the briefing visit the audit team will explore and gain further clarification of matters outlined in the briefing papers submitted by the institution and by the students, and will consider some of the evidence offered by documents cited as references in the institution's briefing paper. The briefing visit will also offer the institution and student representatives an opportunity to bring the team up to date on developments and changes since the briefing papers were submitted, and to raise with the audit team, among other matters, what they consider would be particularly worthy of exploration by the team during the audit visit.

This briefing visit will be held typically five weeks before the audit visit. The audit team will be on site for three days in all, of which two days will involve meetings between the team and key representatives of the institution and its students. From these meetings and from its study of the documents made available to it by the institution, the team will consider its detailed lines of enquiry for the audit visit, and will propose a program for that visit. The final choice of audit trails will be made by the audit team using the briefing visit, following discussion with institutional representatives.

The documentation available to the team during the briefing visit will normally be limited to the illustrative material identified by the institution in the index to its briefing paper; institutions may choose whether to make these documents available to the team electronically or in hard copy or in a mixture of formats, whichever is most convenient for the institution. Auditors may also indicate what additional illustrative documentation they would like to be available at the start of the audit visit, or sometimes, in the case of particular key documents, before the audit visit. Any request for additional documentation will be limited to no more than what is needed to inform the specific enquiries that the team will be undertaking.

E- Summary Timeline

To give auditors a sense of the process, the summary timeline for a typical audit of a medium-to-large institution is set out below. The time required for several of these stages will be less for audits of smaller institutions.

Audit stage	Time period
Auditee submits Performance Portfolio or self study report (SSR)	
Audit panel reads Portfolio or SSR	2-3 weeks
Portfolio Meeting or SSR	1 week
Panel's questions, requests and visit proposals sent to and considered by auditee	2 weeks

Final planning for main Audit Visit	2 weeks
Main Audit Visit	1 week
Report is drafted by the auditing agency staff member with several iterations sent to panel members for input	8 weeks
Definitive draft sent to auditee	1 week
Auditee considers draft report	2–3 weeks
Auditee sends comments on draft to the auditing agency	1 week
Report is revised	2 weeks
Report is sent to the auditing agency Board for approval	1 week
Board considers and approves report	1–2 weeks
Report is sent to auditee	1 week
Embargo period prior to publication	2 weeks
Report is made public	

F. The Audit Visit

The audit visit provides an opportunity to the team to follow up, with a greater depth, on the issue in the lines that were found in the briefing visit including the study on the establishment and related documentation about the quality management and standards for certain categories of staff and students.

What characterizes the audit visit is the exploration on the selection of audit trails. An examination of the visit is also an opportunity for the institution that reflects the discussions of the briefing for the visiting team clarification or other documentary evidence that can help the team to understand its approach to quality management and standards.

The audit team is to ensure that its program of audit includes meetings with the students, so they get first-hand information about the experience that students as learners are gaining in line with the system of quality assurance and improvement. It tries to meet with student representatives in the implementation of the statutory audit visit to discuss with them, in connection with the views expressed in a written submission, the information received during the visit's meeting. The examination goes, in general, to extend over **one week, including up to four days** are dedicated to the meetings between the audit team and the staff and students of the institution.

The last day of the audit visit is oriented to consider its tentative conclusions about the decisions and agreements:

- The level of confidence/trust, it believes that, in establishing safety standards of academic higher education awards in the institution's name and the preservation of quality education that covers its awards.
- Comments that it wishes the institution to approach to improve the quality of educational provision, on the arrangements for the maintenance of academic standards and improving the quality of research in post-graduate programs, on the accuracy and completeness of information that the institution has published about the quality of their educational provision and standards rewards.
- Characteristics of good practice that it wants to point out as positive contribution to the development of the approach to the management of academic standards and quality of provision.
- Recommendations concerning further improvement of the institution, arranged by categories and terms of the importance and / or urgency.

The audit team should prepare its preliminary results at its closed meeting at the end of the visit, but it will continue to refine knowledge about some aspects of the audit through internal communication in the coming days, to get another opportunity to access all the information available and gathered. Therefore, it would be premature for the team to report to the institution on the results of the review, while on site. Instead, it would be very valuable to address the institution in writing, [within two weeks](#) after the end of the visit, in which the main findings and recommendations that are most probable to be included in the draft report.

This letter is seen as a polite step towards the institutions, for a feedback on the outcome of the visit before completion of the audit report that will only be used as basic information;

G. Thematic Inquiries

Thematic enquiries, are seen as aspects related to the establishment of procedures for quality assurance that work within and across the institution as a whole. Such inquiries are needed only if an audit team considers that one aspect of an institution's quality management and standards is particularly interesting, or requires control of several disciplines. The confirmation of the subject of investigation takes place in the briefing visit and the institution is notified for any further similar inquiries in all segments to take place as an integral part of the program for the audit visit.

Evidence regarding the thematic inquiries can be done through the audit trails by subject and through the audit team discussions with the staff and students at the institutional level. If, during a thematic study, the audit team identifies questions on a level of discipline where further expertise is necessary, it may rely on the views of expert advisers from outside the team.

H. Use of Benchmarks

The audit teams will focus on the academic infrastructure as the source for external benchmarks when considering an institution's approach to security management of academic standards and the quality of their awards. Teams should prove that the institutions have carefully examined the purpose and intent of the elements of the academic infrastructure, have their impact on the practices and institutions, or to take the necessary measures to better reflect the institutional practice of managing the institution's infrastructure. The audit team, in practice, will use the academic infrastructure as the prime reference point or benchmark.

The teams are invited to comment on the way the institutions are looking to the development of the situation within the framework of academic standards, to see how the institutions are checking the alignment between the academic standards of their awards.

The audit team is concerned, in the nature and manner in which all the materials benchmark statements were taken into account when defining and monitoring programs and awards. They remain that the reports of the academia, as a viable frame of reference to a certain extent, as a general rule, should represent the basis for awarding degrees. They should pay special attention to multi or interdisciplinary contexts in which the simple or general application may be inappropriate. They do, however, while taking a point of reference, students and other interested parties expect to be taken into account when programs are designed and verified. Final program specifications are considered as the publicly available information on the goals, learning outcomes and the expected performance of students, the audit teams wishing to explore their usefulness for students and staff, and the accuracy of the information that they contain. Notably teams interested to see how to take advantage of the program specifications and other benchmarks in the academic infrastructure, in order to clearly define the expectations of teaching, learning and assessment of the commitment between the institution and its students. It is expected that sampling trails should open doors for the team to compare the actual performance of the institution and the used benchmark or reference point, and the way in which program specifications are explained and transmitted to students.

I. Judgment

Judgments on the institution performance would concentrate on the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of its awards and of the quality of the learning opportunities available to students.

I.1 Judgment Output

Confidence: a judgment of confidence indicates that, in the view of the team, the institution is managing effectively and consistently. The team expresses its confidence where an audit team finds that an institution is managing the security of academic standards soundly and effectively, and where the prospects for the future continuation of this appear good. Similarly, where an audit team finds that an institution is managing the quality of the student learning opportunities soundly and effectively, and where the prospects for this future continuation appear good, it would also be expected to express its confidence.

Limited confidence: A judgment of limited confidence indicates that there is evidence that the institution's capacity to manage soundly and effectively the academic standards of its awards and/or the quality of its educational provision is currently limited or is likely to become limited in the future. Where an audit team has substantial doubts about the current management of security of academic standards and/or of the quality of provision, and/or about the future management of either of these, it will make a judgment of limited confidence and will indicate clearly the areas of concern that have given rise to such limitation of confidence.

It should be emphasized that a judgment of limited confidence is not a judgment of failure, rather it indicates an outcome that is positive but that improvements need to be made.

No confidence: A judgment of no confidence indicates that there is substantial evidence of serious and fundamental weaknesses in the institution's capacity to secure the academic standards of its awards and/or to maintain an appropriate quality of educational provision. Where the audit team has serious concerns about the current management of the security of academic standards and/or of the quality of provision, and/or about the future management of either of these, it will make a judgment of no confidence and will indicate clearly the significant areas of concern that have given rise to this judgment.

I.2 Recommendations

Recommendations of the team are responsible for the continued treatment by the institution, and to determine, referring to a good practice, that the audit team has added a very positive contribution to the development up with the approach of the safe management of academic standards and quality of the provisions in the context of this institution.

The recommendations shall be classified by importance:

Essential: main recommendations focus on the important things that the audit team, are under notice of quality and/or standards in danger, and the urgent need for corrective action.

Recommended: recommended recommendations relate to matters that the audit team believes have the potential to improve the quality and/or standards in danger and demanded the adoption of corrective or preventive measures.

Desirable: desirable recommendations relate to matters that the audit team believes have the potential for improving the quality of learning and/or to safeguard the standards of academic distinctions.

J. The Audit Reports

1- General Parameters

Following the Audit Visit, the auditing agency produces a public written report on the audit. The report outlines the panel's findings, which it has reached through its interpretation of the specific evidence it has gathered. Reports note both commendable practices and areas for improvement. Reports do not comment on individual people (positively or negatively) or appeal to irrelevant standards. Reports attempt to address all relevant areas, but without excessive detail or presuming to be exhaustive.

Audit reports do not contain statements that cannot be validated. Hence, if the panel has formed the view that comment on a particular matter needs to be made, it has firm evidence on which to base its comment.

The audit report is a public document and belongs to the auditing agency, not to the audit panel or its members. The panel acts on behalf of the auditing agency.

2- Audit Report Content and Writing Process

2.1 Content and Format

Audit reports contain a summary of findings and more detailed comments in the body of the report. They all include commendations, affirmation and recommendations. Major elements of the auditee's Performance Portfolio or self-study report (SSR) are likely to be reflected in the audit report structure. Within each area discussed, the report considers: the issues investigated; the auditee's objectives for this area; relevant evidence; the investigations conducted; and the panel's analysis and conclusions.

2.2 Commendations, Affirmations and Recommendations

The panel's investigations are as attentive to identifying commendable practices as they are to areas for improvement. Reports typically include both highlighted 'commendations' as well as other favorable comments throughout the text.

'Recommendations' in audit reports relate to areas the audit panel believes require improvement. The recommendation will alert the auditee to an area for attention, rather than instructing it to take a particular action or series of actions. However, some suggestions of possible approaches may be offered by the panel. A subset of recommendations is 'affirmations'. These relate to areas the panel believes require improvement which have already been identified by the auditee, in its Performance Portfolio or SSR, as needing attention. Affirmations are validated by the panel in the same manner as are commendations and recommendations and, therefore, an auditee must be able to demonstrate the processes and evidence that it has used to arrive at the decision that improvement is required. Further, the panel may discuss with the auditee the action it has taken (or proposes to take) and may comment on its likely effect.

2.3 Writing the Audit Report

The writing of the audit report is the responsibility of the auditing agency staff member on the panel as explained in this guide, in consultation with other panel members. An iterative process is followed, allowing for all panel members to provide comments as desired. The indicative timetable for the production of the audit report is outlined in this guide. It should be noted that this process may take more or less time depending on the particular circumstances of the audit.

3- Approval of the Audit Report

3.1 The Definitive Draft

When the panel is satisfied with the report, it becomes a definitive draft and is sent to the responsible of the institution “auditee” for identification of any errors of fact and comments on emphasis or expression.

For comments other than the correction of typographical errors, it is most helpful to the auditing agency if the auditee provides, for each of its comments: a precise reference to the relevant text in the audit report; an explanation of the point at issue; the background reasoning or evidence to support the comment; and a suggested rewording where appropriate.

The auditing agency staff member copies the auditee’s comments to other panel members and the auditing agency Executive Director. In consultation with the panel chair, the auditing agency staff member produces a preliminary version of the final report and discusses this with the Executive Director and panel chair (and with other panel members as necessary).

3.2 Responsibilities of the auditing agency Board with Respect to Audit Reports

At the same time as the definitive draft report is sent to the auditee, it is also sent to the auditing agency Board Directors. The Board is responsible for setting and ensuring the achievement of the auditing agency policies. In particular, it is ultimately responsible for audit reports, which are the public face of the auditing agency core activity. Therefore the Board approves the release of each audit report. The purpose of sending the definitive draft to the Board is so that the Directors have adequate time to read it, and subsequently can quickly approve the final version.

4- The Final Report

4.1 The Public Release

The auditing agency audit reports are public documents. Before its public release, and after the final audit report has been approved by the auditing board, a copy of the report is sent to the auditee institution. This allows the auditee time to prepare any public comment it may wish to make on the report or its findings. It also allows the auditee to seek a review of the report. It is the responsibility of the auditing agency staff member on the panel to negotiate an agreed public release date with the auditee.

On its public release, the auditing agency sends copies of the report to various individuals, including the members of the audit panel.

4.2 Review of Audit Reports

The auditing agency whole audit process is designed to ensure that auditees are treated fairly. In addition to the steps taken before and during the audit process, provision is made for the possibility of a final review that may be used under exceptional circumstances.

If, on receiving the final audit report, the auditee believes the report should not be published in its existing form because it contains gross inaccuracies or misrepresentations, the auditing agency Board will consider a submission from the auditee to this effect, and may approve a revision of the report.

K. Sign-off and Follow-up

The review will be completed when it is signed off officially. Where the review reports positive outcomes, in the form of broad confidence, and where investigations do not recommend issues of importance, urgency and attention, the audit will be formally signed off by the date of publication of the report. Only if the team has a source of concern in the light of what has been seen and heard, it is proposed that more activities should be conducted.

If an audit team makes a judgment of limited confidence or no confidence, the report is released and should include a follow-up program of actions. The team imposes an action plan on the establishment and demands progress reports at regular intervals. The review would not be extinguished, as a result of the institution declaration that the action plan has been completed and successfully implemented, with a maximum period of 18 months. If at this time, there are concerns about the effectiveness of measures taken, the team should be ready to conduct another visit. While the body can not act as an adviser to the institution with regard to action plans, it should be ready to participate and comment on the institution's proposals.

IX. Audit Administration and Institutional Contacts

The coordinator of the audit team is responsible for coordinating and managing the various examinations and audits. All efforts should be made by the team and the coordinator to ensure that close and constructive cooperation with the institution is established, and that this cooperation should be managed beyond the specific requirements of the institutional audit course.

X. Complaints and Representations

Complaints about the conduct of the examination and representations against the judgments of the audit team should be addressed to the body, in accordance with the formal procedures.

IX. Audit Staff

A. Size

The basic size of the audit team would be three to five auditors (**basically a panel chair, an agency staff member as a coordinator, an observer**) and a team assistant (**Typist**). In the case of large institution or when the structure of the institution is complex other teams of auditors must perhaps get involved to ensure that there is sufficient coverage of the institution's portfolio of activities to justify the judgments and comments.

B. The Coordinator of the Audit Team

Each audit team should have a coordinator. During the period preceding the visit, the coordinator consults with the Institute about his audit examination preparation, and works with the audit team on the preliminary analysis of documentation. The coordinator accompanies the team during the visits until the last part of the review

visit, giving all appropriate advices. It is the responsibility of the coordinator to determine whether findings of the team are supported by adequate and justifiable materials, and that the audit report contains information easily accessible, supported by reference to facts and detailed analyses.

C. Selection Criteria

At the time of their appointment, the auditors are supposed to have the know-how and experienced in teaching and management in the field of higher education. They are appointed, after reviewing their capacities, by the body. The auditors' nominations are made by the body, and it is expected that the body nominates people with sufficient seniority, knowledge and technical skills to ensure that the auditors are competent, professional and credible. The selection criteria for the auditors will be made public. All attempts should be made to ensure that the examiner cohort reflects appropriate sector, discipline, gender and sectarian balance.

Assistant audit is usually recruited from among senior management staff in the institutions. They offer administrative support and fulfill the main function of coordination and liaison during visits within the organization.

1- Auditor Characteristics

The following are desirable qualities and attributes of auditors. Audit panels as a whole possess a breadth of the experience indicated.

Quality audit and higher education related attributes:

- Commitment to principles of quality audit and quality assurance in higher education
- Knowledge of quality assurance methods and terminology and their appropriate uses
- Knowledge and understanding of the higher education sector
- Experience of undertaking quality reviews (audit, assessment, accreditation, etc.) in educational, professional or industrial settings
- Ability to understand and evaluate information provided by auditees in a manner that is sensitive to the particular context from which it arises
- Experience in teaching
- Experience in research.

General attributes:

- Experience in managerial skills
- Understanding of administrative law
- Understanding of governmental and legislative processes
- Breadth of perspective
- Ability to focus knowledge and experience to evaluate quality assurance procedures and techniques, and to suggest good practices and/or starting points for improvements relative to the auditee's particular context
- Ability to work in a team, firmly but cooperatively
- Ability to communicate effectively
- Integrity, discretion, commitment and diligence.

2. Training

Training of auditors and the audit secretary should be made in collaboration with training organizations that have knowledge in the broad area of the audit, especially in other countries.

The objective of the training is to ensure that all team members fully understand the objectives and tasks of the audit process. They participate in all proceedings, to understand their own role and the tasks expected to achieve, and the rules of the Codes of Conduct for the process, and they are capable enough to explore and practice data assimilation techniques and analysis, development programs visits, construction and verification of hypotheses, the implementation of meetings, education judgments and a relationship of trust and friendliness with the institutions.

The effectiveness of training and the first selection process, continue to be the subject of formal evaluation by the body.

Topics typically covered in the induction training include:

- An overview of the audit process
- Responsibilities of audit panel members
- Current pressures, directions and changes in the higher education sector
- Higher Education Institution/ auditing agency quality frameworks
- Analyzing the **Performance Portfolio or self study report (SSR)**
- Using performance measures and evaluating evidence
- Effective information-gathering

3- Responsibilities:

Roles and Responsibilities of Panel Members

Panel members are selected so that the panel as a whole possesses the expertise and experience to enable the audit to be carried out effectively. Members may translate their different perspectives into different emphases in their attention to the process, and a concentration on certain aspects of the audit.

The expectations of persons serving on an audit panel are summarized below. Note that the panel chair and the auditing agency staff member have additional roles and responsibilities

Audit stage	Responsibilities
Prior to appointment	<ul style="list-style-type: none"> • make known to the auditing agency any matters that are or could be perceived to be a conflict of interest in undertaking the audit.
On receipt of Performance Portfolio or self study report	<ul style="list-style-type: none"> • read thoroughly the Performance Portfolio or self study report and associated documentation provided to become thoroughly familiar with the auditee's policies, procedures and criteria for quality and the purpose and possible outcomes of the audit • provide brief written comments on the Performance Portfolio or self study report to the auditing agency prior to the Portfolio or self study report Meeting.
During Portfolio or self study report Meeting	<ul style="list-style-type: none"> • participate fully in the meeting • be willing to accept special responsibility for one or more areas or topics • refresh knowledge of the auditing agency audit method.
Following the Portfolio or self study report Meeting and before the Audit Visit	<ul style="list-style-type: none"> • comment as desired or requested on the documentation prepared by the auditing agency staff member on the panel as an outcome of the Portfolio or SSR Meeting • read supplementary documentation supplied by the auditee in response to the panel's requests • participate in the development of questions to be asked by the panel at the Audit Visit • follow-up any areas of special responsibility accepted at the Portfolio or SSR Meeting, as necessary
During the Audit Visit	<ul style="list-style-type: none"> • participate fully in all aspects of the Audit Visit, including interview sessions and panel-only discussion and decision-making. • where the panel divides into subgroups for parallel sessions, panel members may be asked to provide notes on their subgroup's discussions.
After the Audit Visit	<ul style="list-style-type: none"> • read and provide comment on draft(s) of the audit report. If desired, panel members may also contribute to its actual drafting more directly by developing suggested new or revised section(s). While responsibility for writing the report is assigned to the auditing agency staff member on the panel, all panel members should be satisfied that the audit report is accurate and balanced. • as desired, provide feedback to the auditing agency on the entire audit process.

4- Additional Roles and Responsibilities of the Panel Chair

The panel chair has responsibilities for planning and managing aspects of the audit process, including leading the panel to ensure that:

- The panel works effectively as a team, especially during the Audit Visit, and manages its time well, and
- All panel members are able to contribute effectively to open and informed panel discussions, leading to audit findings that are rigorous, balanced and based on sound evidence.

Prior to the Audit Visit, the panel chair takes on at least two major additional responsibilities. The first is to chair the Portfolio **or SSR** Meeting at which the panel discusses the Performance Portfolio **or SSR** and agrees on the issues to be investigated in the audit. The second is to accompany the auditing agency staff member on the Preparatory Visit to the auditee, to discuss details of the Audit Visit.

Particular expectations of the panel chair at the Audit Visit include:

- At the start of each group meeting, the chair may quickly outline the major items which the panel wishes to cover during the discussion.
- The chair and the auditing agency staff member must balance adherence to the agreed program with flexibility in admitting unanticipated issues. Any revisions should be clearly understood by the panel, the auditee and the group(s) involved.
- If, for any meeting, the panel splits into subgroups, chaired by other members of the panel, the chair should ensure that the sub-chair has an agreed agenda for the session and reports the results of the subgroup for inclusion in subsequent sessions (and, as necessary, the audit report).
- At the end of the Audit Visit, the chair and the auditing agency staff member should guide the panel towards decisions or conclusions which are appropriate, carefully thought through and clearly expressed.
- In the final session, the chair orally presents an outline of the panel's conclusions

Following the Audit Visit, the main responsibility of the chair is to coordinate with the auditing agency staff member to ensure that the final audit report is accurate and fair in all respects.

Following publication of the audit report, the chair may be requested by the auditing agency staff member on the panel to assist if further interaction is required with the auditee or the auditing agency Board.

5- Additional Roles and Responsibilities of the auditing agency Staff Member

In addition to the responsibilities of all panel members, the auditing agency staff member on the panel is responsible for managing and overseeing all aspects of the audit process and **liaising** with the auditee on all matters related to the audit. The auditing agency staff member on the panel has the authority to ensure compliance with the auditing agency Board's approved procedures.

Prior to the Audit Visit, particular responsibilities of the auditing agency staff member include:

- establishing dates for the panel's meetings and visits and overseeing the formal appointment of the panel
- making necessary arrangements for the Portfolio **or** SSR Meeting and assisting the panel chair in the conduct of that meeting
- making necessary arrangements for the Preparatory Visit to the auditee and attending that meeting with the panel chair
- **liaising** with the auditee regarding the panel's requests for additional information and ensuring that the information is provided in an appropriate and timely fashion
- liaising with the auditee regarding the Audit Visit program
- preparing draft worksheets for each interview session

During the Audit Visit, particular responsibilities of the auditing agency staff member include:

- assisting the chair in keeping to (or amending, as necessary) the planned program
- liaising with the auditee's nominated contact person throughout the visit (including seeking further information or requesting additional meetings, as necessary)
- assisting the chair to ensure that all panel members fully understand the agreed agenda for each session
- supervising the work of the audit typist to record a transcript of the interviews and discussions
- recording succinct summaries and notes of issues for clarification, reconsideration and reporting
- in conjunction with the chair, guiding panel members towards decisions or conclusions which are appropriate and carefully considered
- advising as necessary on appropriate actions and conclusions for the panel to take or reach

- ensuring that administrative and logistical arrangements for the Audit Visit proceed smoothly.

Following the Audit Visit, the auditing agency staff member has responsibility for producing the audit report, in consultation with other panel members, the auditee and the auditing agency Board, as appropriate.

6- Observers on Audit Panels

Requests to observe audits may come from a variety of people, including staff of overseas agencies, overseas academics, prospective auditors, and members of the auditing agency Board. Observers are required formally to declare that they have no conflicts of interest with the auditee and, furthermore, would not be permitted to act as an observer if the auditee were to object.

The key principles which usually guide auditing agencies in agreeing to accept observers are:

- The integrity of the audit process
- Minimal inconvenience to the auditee
- No more than one observer per audit panel
- Preferably, the panel should be quite experienced, and
- Appropriate experience and understanding of higher education by the observer.

The procedures for the observation of an audit include:

(i) The observer will be briefed by the auditing agency staff member responsible for the audit.

(iii) The observer will normally attend the main onshore Audit Visit but not the Preparatory Visit. It is also preferable for the observer to attend the Portfolio or SSR Meeting, but s/he does not normally attend any other visits.

(iv) The observer will receive a copy of the Performance Portfolio or SSr submitted to the auditing agency for the audit and lists of any subsequent documents requested of the auditee by the panel.

(v) The auditing agency reserves the right to withhold documents at its discretion.

(vi) The observer must remain silent throughout Audit Visit interviews.

(vii) The panel chair and/or the auditing agency staff member responsible for the audit may exclude the observer from any meeting or interview at their discretion.

(viii) The observer may, at the invitation of the panel chair and/or the auditing agency staff member on the panel, offer comments during private meetings of the audit panel.

(ix) if the observer wishes to raise any questions during the course of the Audit Visit, they should be addressed, in private, to the auditing agency staff member responsible for the audit. The observer should avoid placing demands upon the staff member which would significantly deflect her/him from primary responsibilities as a panel member.

(x) Otherwise, any questions and/or issues arising from the audit shall be discussed after the Audit Visit, with the auditing agency staff member responsible for the audit.

(xi) The observer will adhere to the requirements of confidentiality and privacy of information

(xii) The observer will refrain from taking notes relating to the content of panel discussions or Audit Visit interviews.

(xiii) The observer may not use any electronic recording device at any time during the audit.

(xvi) The observer may be invited to provide to the auditing agency comments on the audit process.

XII. Conflict of Interest

A- Purpose

Due to extensive interaction across the higher education sector, Audit Board members, staff members and honorary auditors may all experience conflicts of interest between their role(s) as auditors and their other activities. This statement is primarily concerned with conflicts of interest relating to audit panels. There may also be a conflict of interest between any panel observer, the assigned audit typist and the auditee.

B- Types of conflict.

For audit panel members, possible conflicts may be categorized as **personal**, **professional** or **ideological** (between which there may be some overlap).

Personal conflicts could include animosity, close friendship or kinship between an auditor and one or more of the senior staff of the HEI), or if an auditor were biased for or against the auditee due to some previous event. It is normally preferable to avoid having graduates of the institution on an institutional audit panel.

Professional conflicts could occur if an auditor had been a failed applicant for a position in the higher education institutions (HEI), were a current applicant or prospect for a position in the HEI, were a senior adviser, examiner or consultant to the HEI, or were with an institution that is strongly competing with an institution being audited.

Auditors are obliged to declare formally to the auditing agency any matters that could influence or be perceived to influence their ability to serve effectively on an audit panel

Audit Typist

The auditing agency usually employs an audit typist to record the interviews conducted by the audit panel during the Audit Visit. The audit typist is required formally as well to declare that s/he has no conflicts of interest to working on the audit.

Auditing Agency Directors

The policy on Responsibilities of the Auditing Board states that for Board members to be able to exercise their responsibilities in relation to audits, they need the distance and independence of not being members of audit panels'. Also, where the Director has a material personal interest in a particular auditee, s/he is excluded from any of the Board's usual duties with respect to that audit, including any discussion of that auditee at a Board meeting. To ensure this can be achieved, drafts and the final version of the audit report, and any reports containing feedback on a particular audit, will not be distributed to a Director who has an interest in that auditee.

C- Guidelines

Auditors

As an audit panel is being selected, prospective auditors and the auditee are asked to declare in writing any matters that could pose a conflict of interest in the prospective auditor being appointed to the audit panel for that HEI. If the prospective auditor responds in the affirmative, the auditing agency may remove her/him from consideration, or, having considered the reasons, decide that in fact no conflict exists. If the auditee responds in the affirmative, or wishes on other grounds for a person not to be selected as an auditor, the reasons must be given. The final decision whether to appoint a particular person to any given audit panel rests with the auditing agency.

Audit Typist

An employment agency is usually contracted to assign an audit typist to an audit. The agency is also informed that the prospective audit typist must declare in writing that they know of no conflict of interest in their being appointed to working on a particular audit.

XIII. Audit and Accreditation (D-First Party, Second Party and Third Party Audits)

First Party – Internal Audit

A first party audit is usually performed by the institution (or a faculty/department within the institution) upon itself. It is an audit of those portions of an institution's quality assurance program that are "retained under its direct control and within its organizational structure."

If performed properly, first party audits and self assessments:

- Provide feedback to management that the quality system is both implemented and effective, and;
- Are excellent tools for gauging an institution's continuous improvement effort as well as measuring the return on investment for sustaining that effort.

Second Party – External Audit

Unlike the first party audit, a second party audit is an audit of another institution's quality program **not under the direct control or within the organizational structure** of the auditing organization. Second party audits are usually performed by the customer (in the higher education industry: students, students representatives, future employers...) upon its suppliers (HEIs) to ascertain whether or not the supplier can meet existing or proposed contractual requirements. Although second party audits are usually conducted by customers on their suppliers, it is sometimes beneficial for the customer to contract with an independent quality auditor. This action helps to promote an image of fairness and objectivity on the part of the customer.

Third Party Audit

Compared to first and second party audits where auditors are not independent, the third party audit is objective. It is an assessment of an institution's quality system conducted by an independent, outside auditor or team of auditors. When referring to a third party audit as it applies to an international quality standard such as ISO 9000/ institutional accreditation, the term "third party" is synonymous with a quality system registrar/ International Higher Education Accreditation Agencies whose primary responsibility is to assess an organization's/ HEI quality system for conformance to that standard and issue a certificate of conformance (upon completion of a successful assessment).

The emphasis of the second part of this guide is on the third party audit (accreditation)

Part Two

Accreditation

XIV Introduction

A. Definition

Accreditation is a process that ensures the enduring quality, accountability and improvement of educational institutions and programs of study.

It is also seen as a quality assurance in which institution's services and operations are tested by a third-party accrediting agency according to the latter's standards. Should the facility meet these standards, it will receive an accredited status.

In [some](#) countries this function is conducted by the ministry of education and is granted for a specific period of time usually every 5 or 10 years according to the accrediting agency's policy.

In the U.S, educational accreditation is performed by private membership associations based on the standards of good practice [not a specified law](#).

In Europe, after the Berlin Declaration in 2003, the continuous support of the governments has developed quality assurance at all educational levels.

B. History

It all began in the early 1950s where the federal government of the United States used a private system of self regulation to qualify institutions and programs for federal grants and loans.

After the standards were set, private organizations played the role of "gate keeper" in higher education. They were also given the right to determine whether institutions or programs are eligible to receive the federal grants and loans. However employers have also used accreditation to determine how their employees can access and use the aid benefits that their organizations offer.

As for the consumer, accreditation is usually defined as a legitimate protection from flagrant fraud and abuse and has significantly evolved over the years in response to the changes in higher education environment as well as the number of accrediting agencies or organizations.

Moreover, the growing public and private interest in assuring quality in specific programs such as business, education and engineering has led to the establishment of over 100 accrediting organizations with different quality standards and processes which are not fully comparable.

XV. Types of Accreditation

A. Institutional v/s Program Accreditation

A.1 Institutional Accreditation

The institutional accreditation acceptance is always useful to ensure the integrity of higher education, including international integrity,. In theory, the importance of accreditation is determined by a stage of development of higher education within any system. The need for institutional accreditation is essential for new private Institutes.

Staff qualification is one of many specified minimum standards for the evaluation of an institution in the process of institutional accreditation. To produce graduates that meet explicit or implicit academic standard, it might be based on an estimation of the potentials.

Formal judgement on recognition made by government departments or government-initiated agencies in Europe, and it's been undertaken by national bodies. There is little need for institutional accreditation in countries with a total or preponderant public sector higher education system. Upgrading of non-university higher education institution (colleges, polytechnics) to university status needs to be validated by an applied mechanism, as in the UK and Sweden.

Accreditation is a self-regulatory process of recognition of institutional viability by non-governmental voluntary associations that exist in huge private sector in the US. Colleges or universities used accreditation to convince other institutions that their students and courses should be accepted by them and *vice versa*. There has been a funding link through eligibility for federal aid, despite the voluntary nature of the process. To focus more on student learning outcomes, a shift in accreditation took place. To examine applications for offering degrees from institutions other than provinces, the government of Ontario has established the Post-secondary Education Quality Assessment Board. Americas and Eastern Europe are two regions that have 'institutional accreditation', especially 'initial recognition', which tends to be more prominent in countries with a significant new private higher education provision.

A.2 Programme Accreditation

To produce graduates with professional competence to practice, programmes may be accredited, and it's referred to as professional accreditation. North America tends to focus on professional areas in accreditation and re-accreditation. The graduates are being prepared to enter a profession subject to an approval by the accreditors, and it's recognised in 14 different non-governmental voluntary associations. UK control access to the profession by making accreditation of the programme a prerequisite for graduate entry that links the accreditation of programmes to provide a licence to practice. Before registering graduates as professionals, some bodies in the UK set and grade their own examination.

Many program accreditation agencies exist: Accreditation Board for Engineering and Technology (ABET), American Association to Advance Collegiate Schools of Business (AACSB), American Library Association (ALA) for library science, American Psychological Association (APA), Commission on Collegiate Nursing Education (CCNE), National Council for Accreditation of Teacher Education (NCATE)

B. National v/s International Accreditation

National accreditation is considerably different from International accreditation. Sometimes nationally-accredited institutions are also Internationally-*accredited*, but

generally they are not. Internationally-accredited institutions generally will only accept degrees/credits from other Internationally-accredited institutions.

On the International level, each accrediting organization defines its own standards, based on the state of the higher education community and government activities through the Higher Education Act. International Accreditation provides public confidence in the authenticity of the value of the education offered and a basis of recognition of degrees for academic and employment purposes; student mobility and transfer of credit; etc.

National accreditation refers to accrediting bodies that review and accredit specialized or special-interest institutions. Institutions with national accreditation generally will recognize degrees/credits from other similar institutions that are recognized by the same accrediting organization.

C. Fake v/s Trustful Accreditation

The process of accreditation, like all other processes has standards and norms. However the procedure which an institution goes through to get accreditation is surely not a pleasant one for it would take in consideration all the possible details for evaluation like visits by peers, checklists etc...

In contrast, many institutions claim that they are accredited. The important question is "by which organization?" There is a big difference between licensed and accredited institutions. These institutions are called Diploma Mills. These diploma mills usually use photograph of other buildings in their advertisements with official P.O. boxes. They advertise low fees for their degrees and complete facilities. Because accreditation agencies in general are partners of the institutions that they accredit, it is of high importance to know the source of the accreditation an institution has. The low standards the accreditation agency has set for it indicates that it only exist for the purpose of fraud. Such accrediting agencies or services are not approved by either the U.S. Department of Education (DOE) or the European network of quality assurance agencies ENQA),

D. Total Quality Management and Accreditation (TQM)

As defined in guide I, Total Quality Management (TQM) is an organizational philosophy and a management approach which involves all employees and is aimed at continuously improving the organization's effectiveness in achieving customer satisfaction.

Agencies are actively embracing and promoting TQM, and other corporate methods to improve the quality of higher education. Applying TQM across HEI would be essential if these institutions wish to be re-accredited because the accreditation institutes themselves will demand it from them soon. Colleges and universities are organizations like corporations and, if business improvement methods work for corporations, then they should also work for higher education. After all, teaching-and-learning is a product and, like all other products, it is also sold to consumers.

XVI. The Trend for Accreditation

A. Rationales for Accreditation

Accreditation has assorted benefits and rationales as long as diversified external effects.

In the student approach, it is a consumer protection rationale which certifies that the quality services or programme of an institution meet the minimum standards set by its accrediting agency and also guarantees that the degree awarded will be recognized by third parties, especially employers.

In the government approach, accreditation plays the role of a tool used to ease the comparability of degrees and establishing market transparency which appears to be indispensable in the higher education market that is becoming increasingly complex due to globalisation, the expansion of institutions and the development of virtual and fake institutions. However, governments are trying to limit the access to state recognition or state funding procedures because of the diminishing state funding. On the other hand, accreditation offers the possibility for new providers to enter the market with a formal recognition according to the standards and that with or without state funding.

In the employers approach, accreditation is seen as a prerequisite to prove the quality of the job applicants' degrees where market transparency plays a vital role by providing assurance of the quality of programmes and institutions. Although in an elitist higher education system, informal mechanisms are sufficient to ensure trust. Mystified higher education system guarantees the minimum quality levels of qualifications. Employer's organisations are unsatisfied with uniformity and standardization on the subject of quality levels. This issue has led to the development of accrediting procedures based on standards of excellence (e.g. EQUIS). In some sectors accreditation of programmes or institutions by professional organisations is necessary for recognition by sectors of diplomas and degrees which are in their turns governed by national or international regulations.

The benefits of accreditation are not only restricted to students or employers but also for institutions and programmes themselves. Like the most important outcome of accreditation; the formal external recognition of quality, which is essential to state funding, acquiring legitimacy in higher education system toward not only other institutions but also toward employers, stake-holders, student and the general public.

Accreditation is also seen as an affirmation of the self-regulating capacity of institutions that leads to a higher autonomy which governments all over the globe are granting to the institutional level of the higher education system in exchange of the establishments of trustworthy quality assurance procedures. Progressively more, institutions also see accreditation as a positive factor in their mutual relationships.

In this framework the rationale of accreditation is located in the reciprocal recognition of each other's quality and the shared responsibility in upholding standards. In the future there is a great possibility that inter-institutional accreditation networks may become an observable fact in the global higher education system.

B. Internationalization and Education

Despite the various forms and aspects of internalisation in higher education, few accreditation and quality assurance procedures take that into account. Nowadays the

number of accreditation procedures on national schemes is much higher than the international one, in contrast to higher education that is considered as a mere international activity. Moreover, globalization is positively affecting the quality in higher education and has a mature strategic significance perhaps not much on a truly global scale but certainly on a more regional one e.g. European level.

Observers and experts are longing for a linking of the tendencies of globalization and quality assurance that leads to the globalization of quality assurance and vice versa. This can be seen as a result of the increased contradiction between the internationalisation of higher education and the domestic nature of quality assurance and accreditation.

There are many challenges, relatively urgent, concerning the fast-paced globalization and the accreditation systems:

- The credit transfer problem due to the increasing students mobility
- The joint development of programmes from different countries
- International recognition of degrees
- International activities of higher education institutions escaping national quality assurance.
- The rapid expansion of trans-national delivery of higher education by franchising arrangements
- The arrival of ‘new providers’ such as commercial private institutions for higher education.
- The development of distance education and virtual universities.

Internationalisation and globalisation sincerely affect the regulative procedures and characteristics of higher education markets.

The concept of quality increasingly becomes involved in inter-institutional competition, it is referred to as the same as corporate quality identifiers such as ISO-Certification. However, the national nature of accreditation procedures leads to a confusing variety of standards and criteria. To a large extent higher education systems, including accreditation procedures, remain embedded in national frameworks that are not transparent to others.

There is a serious lack of procedures of quality assurance and accreditation that can apply trustworthy definitions of standards on an international scale.

Unless specific international forms of accreditation will develop, the globalisation of higher education risks leading to increasing confusion and a backlash in overall quality levels. A decline in the capacity of quality assurance procedures to regulate international higher education markets and a subsequent break down of trust will provide opportunities to untrustworthy institutions to enter the market. There are already numerous examples of questionable institutions and practices, leading to abuse of confidence of students, their families and society at large.

The lack of international procedures of academic accreditation of programmes and institutions to some extent is compensated by the establishment of international systems of professional accreditation. In some professions, professional organisations are developing into real international accreditation agencies, such as ABET in the engineering profession. Another development is the establishment of organisations devoted to the accreditation of trans-national programmes in higher education. The clearest example is Global Alliance of Trans-national Education (GATE). The establishment and growing importance of these

organisations, together with the lack of procedures of international academic accreditation however risk resulting in a one-sided approach and a decrease in importance of academic standards and criteria in the evaluation of international higher education.

What is needed is not the establishment of one international agency for academic accreditation. This not only is unrealistic, but also would run counter to sensitive issues such as the autonomy of institutions and the autonomy of national decision-making processes and policies in higher education. Moreover, it is not desirable to enforce similar standards and quality assessment criteria to higher education institutions all over the globe, leading to uniformity and a loss of cultural diversity and heterogeneity. What higher education really needs are instruments and mechanisms that can translate the effects and consequences of national accreditation procedures to the international academic community and promote the exchange of standards and criteria on a global scale.

C. The Development of National Accreditation Systems

Increasingly countries are developing systems and procedures of academic accreditation of higher education programmes and institutions. The overall picture however still is very confusing.

Because of the oldest traditions of accreditation processes and the highest experience the U.S has, voluntary associations, either regional/institutional, specialised or professional bodies, grant accreditation on the basis of reviews of institutions or programmes. They don't derive their authority directly from the state, but governments rely on accreditation for establishing eligibility for various forms of funding. Among institutions accreditation results in reciprocal trust and permits credit transfer and admission to graduate programmes. Reviews use the basic methodology of self-study and site visits by external expert teams and try to verify whether an institution or a programme meets the minimum threshold standards and criteria set forth by the accrediting body. The US accreditation system has much strength, but also some weaknesses and criticism has been rising recently. Many see the system as too complex and not transparent. Questions have been raised by rectors and vice-chancellors whether accreditation procedures are discriminative enough and conducive to quality improvement. The 'meta-accreditation' of accrediting bodies is perceived to be functioning not very well. Because of its conformity to the delicate balance between the state and the voluntary private sector typical for American culture, the voluntary nature of accreditation is seen as an advantage, but the relationships between accrediting agencies and government are very sensitive and have become rather problematic during the nineties. The founding of the Council for Higher Education Accreditation (CHEA) possibly will lead to a reformulation of relations between the state and the voluntary accreditation agencies. Finally, the international dimension is completely absent in the US accreditation system, but this doesn't prevent the system to exert a great influence on other countries developing their own approaches.

C.1 General Overviews

U.S. Experience: In the U.S accreditation has been seen as exemplary by many nations and some of them have established more or less equivalent accreditation systems.

The Philippines experience: there has been already in the seventies a system of voluntary accrediting associations developed besides the formal recognition of programmes by the state. The voluntary accrediting associations have formed the Federation of Accrediting Agencies of the Philippines (FAAP), acting as the official partner of the ministry regarding policies and procedures of accreditation.

The Japan experience: in 1947 the Japanese University Accreditation Association (JUAA) was founded. From 1951-52 this independent association of universities functions as an accrediting body, since accreditation is a necessary condition for membership. Since 1956 the association applies the standards agreed upon by the government.

Colombia Experience: Another example of voluntary accreditation is Colombia, where a National Accreditation Council (NAC) is operational since 1992, acting as a voluntary accrediting body.

The European Experience: The interest in establishing accreditation procedures in Europe is increasing, but national developments are very uneven. Generally, accreditation is perceived to be a possible further step in the evolution of quality assurance mechanisms. Quality assurance, which is operational in most European countries for approximately ten years, undoubtedly has strengthened internal quality improvement, but did not yet lead to external sanctioning of quality. Since most European higher education systems are state-run, institutions and programmes derive their formal recognition and degree-awarding capacity directly from the state. In accordance with increasing institutional autonomy, accreditation is seen as a possible answer to the need of transferring the recognition of institutions and programmes from the state to autonomous procedures based on the external assessment of quality. A clear impetus to these developments was given by the Bologna-declaration. Signed in June 1999 by the ministers of education of 29 countries, this declaration aims to establish a 'European space for higher education' by improving the 'readability', transparency, compatibility and comparability of European higher education systems. Besides other things, the declaration makes a plea for the establishment of a European credit system on the basis of the already existing ECTS, the introduction of a convergent two-tier degree structure and the promotion of European cooperation in quality assurance. Accreditation is mentioned as a possible means to guarantee minimum standards of quality on a European scale. The Bologna process is leading to an intensive elaboration and exchange of ideas, in the short term towards the follow-up conference in Prague in 2001, so things have not crystallised yet in clear decisions and actions. However, the basic outlines of a future European approach to accreditation become discernible. The delicate balance between national autonomy in quality assurance and an integrative European approach still will have to be respected. A centralised European accreditation agency is not feasible, but European cooperation leading to a common framework of reference for developing minimum criteria and benchmarking is seen as a promising way out. A further step then would be the reciprocal recognition of the results of national quality assurance or accreditation procedures in multilateral agreements. In this bottom-up approach a European convergence and integration of quality assurance and accreditation procedures can be envisaged.

In some countries developments towards that direction are taking place already. The clearest example is Germany, where the introduction of bachelor-master programmes was accompanied by the establishment of an accreditation system for those programmes in 1998. In fact, the *Akkreditierungsrat* functions as a sort of 'meta-accreditation', by setting the standards for and recognising accreditation agencies. In The UK a new approach to quality assurance is being prepared and will become operational in 2000-2001. This approach follows the recommendations of the Dearing report, calling for the establishment of a national framework for higher education qualifications. In the future the Quality Assurance Agency will review the fitness of programme objectives and outcomes in relation to the national qualifications framework, which acts as a standards benchmarking

system. It is not yet clear whether the new quality assessment procedures will function as real accreditation procedures.

In the Netherlands, with a well established system of external quality assurance – to which also the Flemish universities participate – the recent higher education and research policy plan of the Dutch government announces the introduction of international accreditation procedures and bilateral cooperation in these areas with neighbouring countries. In the university sector there is no ambition to develop specific accreditation procedures, but the association of universities (VSNU) has opened the possibility for institutions and programmes, especially internationally oriented specialisation programmes, to participate in various forms of external accreditation. The VSNU or the Inspectorate for Higher Education then can function as a meta-accrediting body. In the non-university higher education sector the *HBO-Raad*, the association of *hogescholen*, is starting an experiment of pilot projects with accreditation in two disciplines. Threshold standards are being developed in order to assess curricula and to promote international recognition of degrees. Dutch *hogescholen* also has developed master's programmes outside the national legislative framework, often in cooperation with new universities in the UK. Since 1999 a validation council is set up for the 'certification' of those programmes.

Another interesting European example is Finland. In 1996 an independent body of the ministry, the Finnish Higher Education Evaluation Council (HEEC), was established. Besides other activities in the field of quality assurance, it carries out two types of accreditation; the assessment of institutions applying for the polytechnic status, and the accreditation and registration of professional courses in the field of continuing higher education, for which a separate Accreditation Board of Professional Courses has been set up. In Austria an Accreditation Council has been founded; its mission is to accredit private institutions of higher education, thus allowing them to award officially recognised degrees. In as well the Dutch, the Finnish as the Austrian case, but also in many other countries, accreditation is used as an evaluation and recognition procedure for specific programmes, developed outside the core-activities of higher education institutions. Other European countries have well-developed and renowned quality assurance systems, such as Denmark for example, but have not yet transformed them into accreditation procedures.

The Ministry of Education in France has a Validation process called (*habilitation*) however; university degrees are given by universities and need to be validated by the national curriculum into national degrees funded by the state itself. The process is based on a dossier evaluated by academic peers on behalf of the Minister. Unlike the majority of other countries, no site visit occurs during the "*habilitation*" process and the "*habilitation*" status is given once thus there is no need for a rehabilitation process.

In Central and Eastern Europe state-controlled accreditation procedures are very common. In the course of the 1990s many Central and Eastern European countries have developed new legislative basis for their higher education systems, including state-controlled accreditation procedures both for the old, state-run institutions and for the new, private institutions rapidly entering the higher education market. In Hungary the Hungarian Accreditation Committee is operational since 1994. It is responsible for the assessment of the quality of educational and research activities in higher education institutions and advises the minister regarding the recognition of institutions and programmes. A credit system based on national standards is implemented. Also in the Czech Republic an accreditation procedure by the state is in function. The Accreditation Commission gives an expert opinion, on the basis of which the minister awards accreditation to programmes. More or less the same can be observed in Bulgaria, where the National Evaluation and Accreditation Agency (NEAA), operational since 1997, is the responsible accreditation

body. In Russia the State Committee for Higher Education of the Russian Federation acts as an accreditation agency for all higher education institutions, granting them the right to award officially recognised diplomas. Many other countries follow the same path.

State-controlled accreditation systems also have emerged in other parts of the world. In many countries governments have established autonomous or semi-autonomous agencies which are charged by law to carry out accreditation procedures of programmes and institutions. Much of such legislation is provoked by concerns about quality of traditional institutions in the context of mystification and limited state funding, but also in the context of the arrival of new, often private institutions. For example, in Latin America governments are tightening their grip on the higher education system by expanding and strengthening accreditation procedures. In Argentina the Comisión Nacional de Evaluación y Acreditación Universitaria (CONEAU) was created by the 1995 law on higher education and has the mission to accredit all undergraduate programmes in regulated professions and all graduate programmes. The state and the universities work together in the development of frameworks of standards applied in accreditation procedures. Also in Chile the Comisión Nacional de Acreditación (CNA) acts as an obligatory accrediting agency. Licensed higher education institutions regularly must have their programmes accredited. Also in Mexico, Brazil and other countries important developments towards accreditation are taking place. A very interesting example also is Hong Kong, where the Council for Academic Accreditation (HKCAA) was established in 1990. It is a statutory body, which conducts both programme validation procedures and institutional accreditation. Accredited institutions achieve self-accrediting status, but have the obligation to develop systematic quality assurance procedures, which in turn are subject to audit.

Argentina experience: The Comisión Nacional de Evaluación y Acreditación Universitaria (CONEAU), created in 1995, 'has the mission to accredit all undergraduate programmes in regulated professions and all graduate programmes' (van Damme 2000: 8).

Brazil experience: Brazil has accreditation procedures in place.

Chile experience: The National Commission of Accreditation (CAN) accredits the programmes of all licensed higher education institutions (ibid).

Hong Kong experience: In Hong Kong, accredited institutions have the privilege of self accrediting status.

While the council for academic accreditation (HKCAA) does not have in its sphere of activities the accrediting of universities. However, self accrediting institutions are obliged to develop systematic quality assurance procedures which in turn are subject to audit.

Accreditation Experience in Lebanon

Directorate General of Higher Education (DGHE)

The Directorate General of Higher Education (DGHE) is responsible of the public and private higher education in Lebanon. DGHE was first founded in 1992 as Directorate General of Culture & Higher Education and belongs to the Ministry of Culture &

Higher Education. In 2002, the Ministry of Education & Higher Education is created and DGHE became Directorate General of Higher Education.

DGHE is directly related to the Council of Higher Education (CHE) which is in charge of:

- Advising the council of ministries for new university license demand.
- Define the Policy Statement of Higher Education
- Supervise the activities of private universities in Lebanon

DGHE includes CHE, Colloquium, Engineering and Equivalence departments as well as four corresponding committees:

- 1- The Technical Committee which is created according to the decree 9274/96 and responsible for
 - Studying the files presented for the creation of new universities or new departments and programs in existing universities.
 - Surveying private universities and institutes in Lebanon with respect to references given in the decrees 9274/96 and 8864/96 and with respect to the law organizing higher Education in Lebanon
- 2- The equivalence Committee which is created in 155 and responsible for :
 - Recognizing the diploma of private universities and institutes inside Lebanon.
 - Giving equivalence to HE diplomas from outside Lebanon.
- 3- The Engineering Committee which is created in 155 and responsible mainly for advising the Ministry of public works to give authorization of practice as Engineer.
- 4- The Colloquium examinations Committees which are created in 155 and responsible mainly for practicing Health Specialties (Medicine, Dentistry, Pharmacy, Physiotherapy, Nutrition, Nursery, etc...)

In addition DGHE has the following responsibilities:

- Providing information guide about higher education system and institutions
- Organizing the relationship with the National Council of Scientific Research as well as with the research centers in higher education institutions inside and outside Lebanon
- Organizing and supporting workshops and conferences about higher education
- Providing the required cooperation and coordination between the higher educations institutions inside and outside Lebanon
- Defining and developing the conditions and the academic criteria for the operating programs in the higher educations institutions in Lebanon

AUB experience:

- **The American University of Beirut (AUB):** AUB is a teaching-centered research university, convinced that excellence in teaching and research go hand-in-hand. Its mission is to enhance education, primarily the education of the peoples of the Middle East, to serve society through its educational functions, and to participate in the advancement of knowledge. AUB bases its educational perspective and methods and its academic organization on the American model of higher education.

AUB began the process of applying for accreditation by preparing a Pre-application Review document and submitting it with a Letter of Intent to the

Middle States' Commission on Higher Education in October of 2000. The document, a compilation of information about AUB in four volumes, substantiates how AUB fulfills the eligibility requirements established by the Commission. AUB's application for candidacy was completed over a period of several months with the submission, at the end of February 2001, of a two-volume Self-Assessment Document.

Every six months during the candidacy stage, the university is required to make an Interim Report to the Commission on progress toward its goals. AUB's first Interim Report was filed by Provost Peter Heath, who also serves as the chairperson of the Self-Study Steering Committee, on February 15, 2002.

The Middle States Commission on Higher Education granted initial accreditation to the American University of Beirut on June 2004 and commended the institution for the quality of the report and the quality of the self-study process. The Commission requested a monitoring report documenting the development and implementation of 1) a comprehensive Institutional strategic plan which links long-range planning to decision-making and budgetary processes and assessment results, and 2) a written plan for the assessment of student learning at the institutional, program, and course levels.

Arab open University experience:

- **The Arab Open University (AOU):** The AOU has established a strong partnership with the Open University in the United Kingdom (UKOU) as manifested through specific terms of agreement for collaboration. Agreements were signed with the UKOU covering three areas, namely, the licensing of materials, consultancies, and assistance in getting accreditation and validation. The wealth of UKOU expertise in areas such as student services, course material design, production and application of IT platforms, and training of faculty and tutors, is employed via consultancy tasks to build the relevant experiences of AOU.

In 2007 the AOU has acquired both institutional accreditation and validation of its programs by the British accrediting agency (OUVS). This accreditation has been essentially a process through which the institution was judged by a group of external peers to meet certain principles in a satisfactory environment for the conduct of the programs that led to the validated awards. A group of peers and external members had judged the program of study that concluded that AOU does in fact meet the principles and requirements of that award.

This short overview illustrates that in more and more countries accreditation is perceived as a procedure necessary to impose external quality assurance policies and to monitor the expanding higher education market. Due to the complexity of higher education systems and policies, national developments are very uneven, but in many ways also are converging. However there is not yet much international cooperation and exchange of ideas, concepts and practices. Accreditation procedures that surpass national boundaries are almost completely lacking.

D. High Opportunities and Expectations

The international exchange of ideas, concept and experience is indeed an issue of high importance. The contrast between national accreditation procedures, quality standards and frameworks on the one hand and the internationalisation of higher education is very problematic. The international landscape of higher education accreditation is very complicated and there is a sincere need for clarification. The level of accreditation should be moved from the national to the international level. From the viewpoint of an institution seeking international cooperation however, the basic questions are very simple: is institution x to be considered as trustworthy with regard to quality or not; has that institution an accredited status in its own country, etc.? What concepts can be applied on international basis? Are the current quality assurances and accreditation systems in a country trustworthy?

The next few years will show how quality assurance networks would move ahead and how successfully they would be to meet international expectations.

XVII. Accreditation challenges and future trends

The Contemporary Challenge is arising between the very foundations of traditional accreditation and the raising questions about whether accreditation must undergo amore fundamental transformation.

There are at least 5 major developments that are posing to the existing accreditation system.

A. Global Competitiveness & Quality

In our era, meeting the minimum quality standards is no longer sufficient due to the mounting concerns over the ability to compete globally and maintain the quality of the higher education system where a full-bodied education system has become essential to the future economic competitiveness of every nation.

Accreditation should play a key role in influencing higher education to move beyond the satisfactory quality to performance excellence. For achieving this many variables should be taken into consideration like the unstable programs and missions of institutions per example. The process should be based on the principles of continuous performance improvement for achieving or retaining accreditation.

B. Accountability

There are 3 major players with growing demand for accountability, the government, consumers and the general public. The public is longing for transparency and information related to the performance of higher education.

This is especially where accreditation interferes taking its role in changing standards and emphasizing on performance outcomes, especially student learning outcomes.

Despite the noteworthy efforts [of the public](#) institutions and programs to incorporate new accountability requirements, a remarkable detach still exists due to the varying requirements between public accountability systems and private accreditation.

In addition, accountability which may not necessarily reflect the public interest. This concludes that:

- Outcomes are not clearly translated to the public
- Comparability lack across institutions

Accordingly, accreditation should build up this link by requiring the reporting of information to the public based on a comparable reporting template which is applicable to stakeholders and general public with respect to differences in institutional and programs missions.

C. Changing the Structure of Higher Education

New types of educational institutions and the use of distance learning have given them a new face or identity. This new image has given the educational institutions the allowance to operate on a global scale where the geographic boundaries, academic disciplines and delivery modes are blurring.

According to these new realities, new solutions are required for an easier process for transfer. While responding to institutional and programmatic interests, the accreditation process may not be equipped to synchronize with new environment where accreditation itself is overloaded with new requirements. One of the main concerns facing accreditation is that peer review and volunteerism in the current system will be overcome by '[step by step legalism](#)' where the complexity in higher education system is increasing on the other hand.

D. Transparency

Because of the complexity of accreditation, more transparency is required at the public-private system of accreditation to assure the balance of interests between institutions and the public sector in setting standards. As a result, stakeholders need more involvement in the accreditation process.

E. Value and Affordability

The accreditation process has a contrasted view; it is seen as an investment by the accreditors and as a significant cost with little return on investment by institutions. Higher education institutions are being put under pressure with the rising costs in way that they have to increase the affordability and improve the value and returns on higher education.

XVIII. Standards/Criteria of Accreditation

Differences between universities from one country to another are vast. In addition the requirements of the three levels of higher education are different and they are based of different approaches.

Level I (bachelor or equivalent) requires a strong emphasis on the legibility of the curriculum (in terms of basic, characterising culture, knowledge and skills, target levels, areas of competence and professional roles envisaged, national and international benchmarking, if applicable) and on organisational aspects.

Level II (Master or equivalent) must take into account the fact that learning contents are geared to the highly specific (professional or research) goals of the reference departments. A sizeable majority of international student exchange activities should be concentrated at this level.

Level III (PhD or Doctorate) should be based on the ability to provide a markedly research- oriented learning environment. It is closely interconnected with the evaluation of the research activities of the departments.

This means that the evaluation objectives are:

- Sound and diversified
- Allocate common requirements
- Based on a constricted final set of key quality aspects.

After the review of the general principles, a pinpoint of a minimum set of desirable characteristics that should be present in the evaluation models of both levels I and II. Identifying the “minimum set” of evaluation requirements suitable for programmes of the first and second level, common to all countries and to all scientific sectors, appears to be a reasonable and achievable objective. This Minimum set could support the progress of a common methodological framework and common comparative criteria.

[Guide II of this series gives detailed guidelines on the standards and criteria for accreditation](#)

A. Areas evaluated and standards

Bearing in mind that the accreditation process is an effort to examine the validity of the self evaluation process, areas to be evaluated are identical to those prepared in the self-evaluation project being: Management of the institution, Partnerships and Cooperation, Research, Graduate Programs, Programs and Curricula, Faculty and Staff, Students and student infrastructure, Services and Facilities.

The accreditation evaluation should also examine the Annual faculty member activities report, Students Accommodation Evaluation Form, Faculty evaluation Form, Course Evaluation Form, Students Exit Survey, Faculty Satisfaction Survey, Employer Survey, and Alumni Survey. Pre-accreditation documents should cover Name and address of teaching establishment, Premises and resources, Chief institutional officers, Students Required documentation, Inspection documents, Academic programs, Academic Staff

Accreditation, being an evolving area, tries always to answer the question: “is there a better way of doing things?”. Fine-tuning the instruments and reducing the inter-team variance in peer assessment are the two areas where QAA, for example, look for better ways of steering the quality assurance processes. Accreditation agencies should continuously fine-tunes the instruments based on field experience and feedback collected from the accredited institutions, at the same time maintaining the consistency of its evaluation framework.

XIX. Success Factors of Accreditation

A. Stated Mission, Purpose and Stated Goals of the Institution

The activities of accreditation institutions should be guided by their missions that have, in general, to focus on making quality assurance an integrated functioning of higher education institutions.

The mission, in the big picture, is to make quality the defining element of higher education through a combination of self and external quality evaluation, promotion and sustenance initiatives.

The mission statement can be translated into action by the following engagement:

- To arrange for periodic assessment and accreditation of institutions of higher education or units thereof, or specific academic programmes or projects
- To stimulate the academic environment for promotion of quality of teaching, learning and research in higher education institutions
- To encourage self-evaluation, accountability, autonomy and innovations in higher education
- To undertake quality-related research studies, consultancy and training programmes
- To collaborate with other stakeholders of higher education for quality evaluation, promotion and sustenance.

In order to achieve its mission, the accreditation organization should assess the quality of higher education that fits the process through the:

B. Clearly Defined Systems and Recourses

It is a three-stage process, which is a combination of self-study and peer review, for assessment of a unit:

- a. Preparation and submission of self-study report by the institution
- b. On-site visit of the peer team for validation of the report and for recommending the assessment outcome to accreditation agency
- c. Final decision by the Executive Council of the agency

The self-study report to be validated by the peers is the backbone of the whole exercise. Manuals should be developed to suit different units of higher education, with detailed guidelines on preparation of the self-study report and the other aspects of assessment and accreditation.

As for the criteria of assessments they are as follows:

- Curricular Aspects
- Teaching-learning and Evaluation
- Research, Consultancy and Extension
- Infrastructure and Learning Resources

- Student Support and Progression
- Organisation and Management
- Healthy Practices

The self-study report is expected to highlight the functioning of the institution with reference to these areas.

C. Continuous Evaluation

Accreditation has a limited time validation while it is granted for a period of five to ten years according to the policies of the related accrediting agency. For this reason, quality sustenance should be involved on the institution's level. During the first assessment, the process should trigger quality initiatives in many aspects of functioning of the HEI. The preparation of the self-study report will serve as a catalyst for institutional self-improvement. The participation of the faculty members, administrative staff, students, parents and alumni has led to new initiatives. Interaction with the peers should assist this process and also provide a means for the wider dissemination of information about educational development. It triggers many innovative practices and paves way for institutionalising those practices.

Establishing internal quality assurance cells to coordinate the quality initiatives and use of technology in the learning process as well as for administration are a few such initiatives. These changes have a direct bearing on the quality of education and the re-accreditation will consider how these initiatives have been sustained during the accredited period.

D. Planning

The accreditation and evaluation processes have made a significant change in all aspects of institutional functioning (pedagogical, managerial, and administrative). One could see that the institutions had become more open and sensitive to the needs of the stakeholders. The need to keep abreast of changing trends was felt by one and all, and institutions now found it easier to introduce innovations as every one realised the importance of coping with the needs of the present world. The autonomous institutions that had the freedom to innovate in curriculum and the affiliated colleges that were offering additional programmes of their own restructured the curriculum. In the scheme of assessment, the criterion Teaching-learning and Evaluation carries the maximum weight. It gave a positive stimulus to institutional attention and oriented the institutions to improving their quality of teaching-learning by going beyond the routine examination-oriented outcome. Improved teaching methods using educational technology, projects and student seminars, providing of computer skills, encouragement of co-curricular activities, and incorporation of community orientation were observed.

While the characteristics mentioned above and the impact the process has made among the accredited HEIs is very encouraging in the case of first timers of the first cycle of assessment, the way which accrediting agencies move forward with the re-accreditation also needs a mention here. Based on a large number of national

consultations and building on the lessons of experience, the re-accreditation methodology is under planning.

E. Process Documents

1. Program quality (e.g. syllabus, learning goals, exam, etc.)
2. Teaching quality (e.g. volume input, quality and org. of teaching)
3. Resource quality (e.g. research, equipment, infrastructure, organization)
4. Steering quality (e.g. strategic and quality management)
5. Quality of outcome (e.g. failure rates, grade averages, no. of A's)
6. Relevance (or use for graduates and for society)

XX. Accreditation Regulations

A. Accredited Institution's Responsibilities

Responsibility for the quality of the formation is to be sought at the level where competences aggregate and are coordinated, that is, at the level of the programme. The programme has the primary responsibility for establishing:

- Training of the professional figure (integration between the university system and society or work market)
- The consequent learning objectives (expected level of knowledge and skill that the student should acquire at the end of his studies)
- The timing, starting from which prerequisites and with which resources these objectives are to be reached.

A.1 Responsibility in Action

It is relative to the programme:

- To verify the correspondence between the professional figure actually produced and the general prospects of the work market
- To implement tools to verify the good progression of the teaching programme (student progression in quantity, quality and time)
- To coordinate the different formative experiences, entrusted to the single teachers in the most varied forms (lessons, exercises, seminars, projects, field experience, etc.), check the coherence between these and against the objectives, ascertain the compatibility with the study timing and the available resources (human and material).

A.2 Transfer of Responsibility

Through these acts, documented in a reliable and verifiable manner, the programme provides the reference institution (Faculty, University) with the elements for judgement that will enable them to assume, with an adequate degree of confidence, the final responsibility:

- For the coherence of the study degree with the professional figure to be formed
- For the level of the titles conferred in its name (the effective knowledge and abilities of the graduating student)
- For the quality of the training provided to enable the students to reach that level.

B. Disclosure of Accreditation

There are vast differences between graduating from an accredited programme and having a licence to practice. In some cases, these are coincident, especially for graduates from some postgraduate programmes. Sometimes an undergraduate degree in a specified subject is a prerequisite for progression to a postgraduate course or diploma in that area. In some cases any good undergraduate degree is a pre-requisite for further professional training; for example, in law in the UK there is a one-year postgraduate conversion course that non-law graduates take before joining the law society postgraduate qualification programme. In many professional areas, graduation from an appropriately accredited academic programme is a preliminary step and full professional certification, and thus a licence to practice, follows only after some period of work experience. In some instances, such as teaching, a licence to practice may be virtually independent of studying on an accredited programme. To obtain a teaching license is not dependent on having an accredited teacher education degree as it is the case in many US states.

XXI. Maintaining Accreditation

A. Minimum Standards

Logically, the minimum standards required for the re-accreditation process will be the standards which have existed five years ago when the institution or the programme was first accredited. The evaluation must identify and respect certain essential premises:

- 1) The mandate of the evaluation
 - a. The evaluation will be used by whom
 - b. The principal use of the evaluation (summative or formative)
- 2) The primary objectives of who is being evaluated
 - know to what degree the evaluation must be oriented towards
 - Internal efficacy: comparison of the results obtained from the programme with the initial objectives
 - External efficacy: comparison of the results obtained from the programme with the outside requirements (economic and social context).

3) The instruments of observation and judgement

- Know the value system of the organisation implementing the action
- Define the indicators that describe the primary objectives coherent with the value system
- Know how to concretely gather the information that will enable us to draw conclusions (formative, summative or mixed) based on facts.

B. The Re-Accreditation Process

So far there are recommendations that re-accreditation should consist of the same three-stage process of normal accreditation:

- submission of self-study
- peer validation
- final decision by the accrediting organisation

Although the process of value creation and value standards regarding the obligations of the institution towards the general community and stakeholders have to remain the same, however, the point of time when re-accreditation is initiated may warrant a re-look at the assessment framework. First assessment has already initiated a quality culture among the HEIs of the country and re-accreditation has to further strengthen those initiatives. Therefore, along with the core values to which all higher education institutions should relate themselves in the changing context, the framework for re-accreditation should also consider the impact of first assessment. In other words, the framework for re-accreditation has to be built on two major considerations – core values in the changing context and impact of first assessment.

The following five core values have been identified for the re-accreditation process:

1. Relating to National Development
2. Fostering Global Competencies among Students
3. Inculcating the Value System
4. Promoting the Use of Technology
5. Quest for Excellence

In general, the re-accreditation framework will assess the institutional functioning with reference to the contributions the higher education institutions make towards the five core values mentioned above. The institutions are expected to demonstrate how they contribute to the core values through data collected during the accredited period. The evidence to the realization of these objectives may be in terms of inputs, processes and outputs. The re-assessment by the accreditation body will take a holistic view of all the inputs, processes and outputs of an institution and assess how the higher education institutions have progressed during the accredited period. In particular, the re-assessment would have a shift in focus in assessing three aspects – quality sustenance, quality enhancement and acting on the assessment report – that relate to internalizing the quality culture.

B.1 Quality Sustenance

During the first assessment, the accreditation process has triggered quality initiatives in many aspects of functioning of higher education institutions. The preparation of the self-study report has served as a catalyst for institutional self-improvement. The participation of the faculty members, administrative staff, students, parents and alumni has led to new initiatives. Interaction with the peers has assisted this process and also provided a means for the wider dissemination of information about educational development. It has triggered many innovative practices and paved way for institutionalising those practices.

Establishing internal quality assurance cells to coordinate the quality initiatives and use of technology in the learning process as well as for administration are a few such initiatives. These changes have a direct bearing on the quality of education and the re-accreditation will consider how these initiatives have been sustained during the accredited period.

B.2 Quality Enhancement

It is proper and educationally sound to expect that re-assessment has to bring to limelight how institutions have progressed over a period of five years with accredited status. It is reasonable that the re-assessment will give a due place to the quality initiatives promoted by the first assessment and the consequent quality enhancement that has taken place.

B.3 Acting on the Assessment Report

Much of the quality enhancement has been a result of institutional efforts to act on the assessment report and the re-assessment has to take note of that too. The post-accreditation reviews, feedback from the accredited institutions and the outcome of national consultations indicate that the first assessment report has been a useful document to initiate quality enhancement activities. The re-accreditation has to address how the higher education institutions have taken steps to overcome the deficiencies mentioned in the first assessment report and also build on the strengths noted in the report. With the special emphases discussed above, the methodology for re-accreditation has been evolving in consultation with the academia and there is a consensus that the methodological elements have to be similar to the first assessment. The existing seven criteria will be followed with revision and re-organisation in key aspects. The current nine-point scale will be continued to award institutional grades. To facilitate the HEIs to move towards demonstrating the special emphases mentioned above, institutional preparations for re-accreditation have started recently.

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