Board Paper
for Open Session

Subject:

Accreditation of architecture qualifications in the UK

Purpose
To note ARB plans to introduce a new risk-based model of accreditation.

Recommendations
It is recommended that the Board:

    i.   Notes the process of implementing a risk-based accreditation for qualifications that lead to UK registration.

Annexes
None

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1. Open Session

1.1. This paper is being taken in Confidential Session.

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2. Background and Key points

2.1. The way we accredit new qualifications and review existing ones must ensure that the quality meets the requirements of the Board, for entry to the Register. The accreditation process is therefore the Board's quality assurance mechanism for doing this.

2.2. In line with other statutory regulators' quality assurance mechanisms, our approach is designed to be proportionate, to be flexible enough to respond to local circumstances or changes, and to focus on the matters that may affect the delivery of the outcomes and standards.

2.3. The process must therefore be: **proportionate**, in that it scrutinises to an appropriate level, any concerns in delivery; **risk-based,** in that it uses appropriate data to assess and challenge the way the qualification is constructed and delivered; **cyclical**, in that measures should be taken and comparisons made over time, rather than a single assessment; and **publicly transparent**, so that stakeholders and users are aware of the status of an application, or any conditions or concerns that are being reviewed, and progress that is made.

2.4. We have developed the approach with a number of other aims in mind, informed by our feedback and engagement from stakeholders, and their concerns. We think that our accreditation approach is deliberately "right touch" regulation that will reduce the burden of regulation on providers. Undergraduate qualifications (circa 100 across the 65 providers) will still remain regulated by other organisations in terms of teaching and assessment, but no longer require engagement with ARB. This is a significant amount of time and effort no longer required from providers.

2.5. We heard in the research from SQW, and the consultation and engagement feedback, the importance of innovation and enabling greater flexibility. The accreditation methodology allows providers to develop and test new methods of delivery. Whilst there were mixed views expressed, if we are to be ambitious about innovation and about enabling new models and routes, we need an approach that allows providers to set out how they would deliver the Board's outcomes and standards in new ways.

2.6. Finally, the new competencies are designed around the practice and academic outcomes. The previous criteria, based on three parts were confused and this approach allows us to be more assured about how the outcomes are met, and see evidence to demonstrate over time that this remains.

The accreditation approach

2.7. There will be two main areas of focus for accreditation. The first is the accreditation of new qualifications that meet the Board's new academic and practice outcomes. The second is the ongoing review of existing qualifications, for the period they are continued under the existing criteria, and as they transition to the new outcomes.

2.8. Accreditation decisions, whether for new qualifications or review of existing ones, will be informed by planned visits to the providers. Each visit will be tailored to our assessment of the current view of the qualification, and the data submitted either part of the application, or the regular minimum dataset on an annual basis.

2.9. We will require providers who wish to develop a new qualification to apply in advance of starting to deliver the qualification. We anticipate the necessary lead time to develop the content, ensure governance and resource commitments, and develop the assessment methodology is likely to be up to two years, although established providers may be able to reduce this. Importantly, there are a series of "check stop" stages, though which the qualification must pass, and at which the provider is given feedback on their submission, or on any areas of concern for remedy.

2.10. The intention is that this detailed planning and ongoing quality assurance will mean that providers can confidently plan for course enrolment, and prospective students can be assured that the qualification will lead to UK registration if successfully completed.

2.11. We won't be setting or directing assessment methodology, such as requiring specific forms of assessment, like written examinations, as the Board has determined that the meeting of the outcomes is the measure that will be used. We will, however, consider developments in teaching and assessment in the wider sector, such as how artificial intelligence is used as part of learning and evaluation. We will seek expert advice from our Visitors, as part of our visiting programme.

2.12. The cycle of assessment and review does not affect the Board's ability to enact its Causes for Concern process, whereby it can require an out of cycle review, and submission of additional material to demonstrate the requirements are met, and to respond directly to any major concerns or events. This may include serious failures, or notification from an individual or organisation of any substantive concerns.

The visit process

2.13. It is intended to visit most providers once every two years. These visits will be scheduled in advance, and may be in person, or online. New qualifications may have several visits as the assurance process passes through the various stages.

2.14. Each visit will be preceded by an executive led review of the existing and current data, that will consider any existing conditions on the accreditation of the

qualification. Demonstration of progress to resolving any concerns or meeting the condition would be considered at this stage, in order to determine the areas on which the visit team would focus, and the make up, in terms of professional or technical skills, of the visit team.

2.15. A pre-visit meeting to review data and develop a visit plan will then be held, with responsibilities assigned. The Accreditation team will facilitate and provide support to the team of visitors.

2.16. A formal terms of reference and agenda for the visit will be shared with the provider, and confirmation made of the participants from their side. We would expect those with responsibility for delivery, governance and quality assurance of the qualification to participate. Details of the mode of visit, either in person or online, would also be confirmed.

2.17. In most circumstances, we would envisage that the level of quality assurance required, even with areas on which to focus, would be concluded in less than a day's visit. It is only in exceptional circumstances that we would expect visits to last longer. If there are concerns, we may make an additional, later visit, to have an update on progress. We think this planning and duration meets our aim of proportionality and still delivers the level of assurance the Board requires.

2.18. After the visit, each Visitor will provide written feedback to the Executive, with composite recommendations, that will be used to make a recommendation to the Accreditation Committee. Any concerns should be articulated, and proposals for any practical and proportionate conditions for future reviews set out. If the recommendation is not to accredit, clear reasons should be provided, so these can be shared with the provider.

2.19. The report of the visit, along with recommendations to either accredit, continue to accredit, apply conditions, or not accredit will be made to the Accreditation Committee. Along with the Executive responsible for the recommendation, a member of the visit team may also be required to attend, to assure the Committee about technical elements or findings.

2.20. The workload and programme of visits will be displayed on the ARB website, so stakeholders can see when a provider is due to be reviewed. We will also publish a description of the status of an application, or outcome of a review.

Support and guidance for the process

2.21. We have developed supportive guidance, to ensure providers understand the level of detail required in data submissions, and how they may use existing information sources to demonstrate compliance. This guidance will take the form of an online "handbook", setting out how the standards will be met. It will also explain the visit process and how we would engage on both new qualification and review visits.

2.22. We will regularly review this handbook guidance, in light of the experience of the first cycle of accreditation, and use direct feedback from providers, as well as the output from the proposed Education Transition Reference Group.

The costs of accreditation

2.23. The model is based on charging providers, on a cost recovery basis, for the visit process. We have conducted some initial cost analysis based on the elements of activity to run visits and manage the decision-making. These costs will be included in the budget assumptions for 2024, and part of the fee setting discussion.

2.24. We think the intensity of effort for applications for a new qualification, when compared to the review of an existing qualification, means there should be differential fees.

2.25. We have started to develop indicative costs for the application fees for the accreditation process. This will include cost recovery of the time, travel and subsistence of the visit team.

2.26. It may be desirable for there to be an additional fee for any qualifications activity which is deemed to be more intensive or complex, or triggered by a serious event or concern.

2.27. Part of the fee consideration needs to be which fixed costs, including staff overheads, are included within the fee calculations. We will update the Board as part of the budget and fee setting assumptions.

2.28. We assume that payment of fees would be in advance of commencing work, rather than in arrears. A consideration is the complexity of billing. For new applications, that are assessed over two years, it may be desirable to split any payment into two stages: an application and initial assessment fee, and a conclusion of accreditation payment. This would have the benefit of being able to retain this first staged payment for work undertaken, even if an application was subsequently withdrawn or failed.

2.29. We will develop this approach as part of the fee preparation activities.

3. Resource Implications

3.1. All appointment, induction and operational resources are included in the 2023 budget, and the proposed 2024 budget.

4. Risk Implications

4.1. The appointment of the Accreditation Committee is a key element of delegating operational decision-making about qualifications that lead to UK registration. The Board has agreed the Prescription Committee can be disbanded, and the transition plan for the Initial and Education strategic delivery is predicated on the appointment of this Committee.

5. Equality and Diversity implications

5.1. We believe that the visits programme will allow us to be better monitor the EDI related requirements set out in the new standards for providers.

5.2. Whilst the visits will focus on meeting the learning providers to help make accreditation decisions, we are also starting a separate engagement programme focused on introducing ARB and our regulatory remit to students. This gives us an additional opportunity to hear directly from students. Any relevant intelligence about EDI that is gained through our student engagement will be shared with the accreditation team, those the engagement programme is separate and distinct from the statutory function of accreditation

5.3. We have also made progress in relation to the diversity of our pool of visitors, as well as having a new Accreditation, the members of which better reflect the diversity of the population.

6. Recommendations

6.1. It is recommended that the Board:

   i. Notes the process of implementing a risk-based accreditation for qualifications that lead to UK registration.