



Draft Accreditation Rules 2023

For consultation

1. Commencement

- 1.1 These rules shall be known as the ‘Accreditation Rules’ and are made under section 23(1) of the Act unless otherwise stated.
- 1.2 These rules shall take effect on []¹
- 1.3 These Rules provide for a delegation of the Board’s powers under s4(1)(a) to prescribe qualifications and practical experience under paragraph 18 of Part III of Schedule 1 of the Architects Act 1997 (as amended by the Building Safety Act 2022)

2. Interpretation

- 2.1 In these Rules the expression:

‘the Act’ shall mean the Architects Act 1997 (as amended);

‘accredited’ means prescribed for the purpose of Section 4 of the Act and the term ‘accreditation’ shall be construed accordingly.

‘Accreditation Committee’ means the Committee to whom responsibility for accreditation has been delegated in accordance with these rules under s[] of the Act

‘Accreditation Outcomes and Standards’ means the requirements which must be satisfied for a qualification to be accredited.

‘Accreditation Procedure’ means the procedure approved by the Board from time to time by which applications are considered and accreditation decisions are made.

‘Accreditation Policy’ means the policy in relation to accreditation approved by the Board from time to time.

‘Accreditation Rules’ means these Rules.

‘Applicant’ means the entity which has applied for accreditation of a qualification

‘ARB Executive’ means the Registrar, ARB’s Director of Registration and Accreditation or any other employee of ARB acting as the delegate of either of them.

‘Register’ shall mean the Register of Architects maintained by ARB under section 3 of the Act

“Provider” means [any organisation or institution delivering qualifications that are to be accredited]

‘Registrant’ shall mean a person registered in the Register.

- 2.2 The Interpretation Act 1978 shall apply for the purpose of interpretation of these Rules as it applies for the purpose of interpretation of an Act of Parliament.

¹ Figures highlighted in yellow throughout the document are estimates at this stage in our proposals.

3. The Accreditation Committee

- 3.1 ARB shall establish an Accreditation Committee to discharge the ARB's responsibilities under section 4 of the Act to determine what qualifications and experience entitle a person to have their name entered on the Register.
- 3.2 The Accreditation Committee will have a membership defined in Accreditation Committee terms of reference, approved by the Board.
- 3.3 The Board may appoint a replacement or additional member of the Accreditation Committee or remove any member at any time.

4. The Accreditation Procedure

- 4.1 Applications for Accreditation will be dealt with in accordance with the Accreditation Procedure.
- 4.2 The Board may amend the Accreditation Procedure from time to time.

5. Decisions delegated to the Accreditation Committee

- 5.1 The Accreditation Committee has delegated authority to make the following decisions in relation to a qualification:
 - 5.1.1 that it is to be accredited, or not accredited;
 - 5.1.2 whether a qualification should continue to be accredited;
 - 5.1.3 as to what (if any) conditions or stipulations should apply to any accreditation;
 - 5.1.4 whether to approve a change to the course or any change to the title of the qualification.
- 5.2 The Accreditation Committee (or in case of urgency its Chair) may exceptionally, upon the recommendation of the ARB Executive, vary the Accreditation Procedure where it is necessary and reasonable to do so in relation to a particular application.

6. The Accreditation Outcomes and Standards

- 6.1 Only qualifications which in the reasonable opinion of the Accreditation Committee satisfy the Accreditation Outcomes and Standards may be accredited by decision of the Accreditation Committee.

7. The Accreditation Policy

- 7.1 The Accreditation Committee will make decisions in accordance with the Accreditation Policy and only depart from that policy exceptionally and if it does so will provide written reasons to the Board where practicable in advance of any such decision.

8. Withdrawal of Accreditation

- 8.1 Before withdrawing the accreditation of any qualification ARB will give written notice to the Provider of its intention to do so together with a statement of basis upon which withdrawal is contemplated including the facts and documents relied upon.
- 8.2 The Provider may submit written representations relevant supporting evidence to the Accreditation Committee within 28 days of receiving written notice under 8.1.
- 8.3 The Accreditation Committee may:
 - 8.3.1 extend the time for representations and evidence
 - 8.3.2 request additional information, documents or explanations from the Provider
 - 8.3.3 decide that accreditation is to be withdrawn from a date it determines
 - 8.3.4 in the event of withdrawal direct such transitional arrangements as it considers appropriate to mitigate any damage to third parties including students and staff
 - 8.3.5 decide not to withdraw accreditation
 - 8.3.6 impose such conditions on continued accreditation as it considers appropriate

9. Review of Accreditation Decisions

- 9.1 If an Applicant is dissatisfied with a decision of the Accreditation Committee made under these Rules, it may apply to the Board within 28 days of the sending of notice of the decision for the decision to be reconsidered.
- 9.2 The application for reconsideration must be in writing and include a full explanation of the reasons for reconsideration in accordance with paragraph 9.3 together with any supporting documentary evidence relied upon.
- 9.3 Reconsideration is only available where it is alleged that the decision is one which:
 - 9.3.1 no reasonable decision maker could have made
 - 9.3.2 was reached on the basis of irrelevant information
 - 9.3.3 failed to take into account material information which was relevant and available to the Accreditation Committee
 - 9.3.4 resulted from a legal error
 - 9.3.5 was affected by procedural unfairness or apparent bias.
- 9.4 Either with or without an application for reconsideration, the Board may direct that the Accreditation Committee to reconsider any decision for any of the reasons set out in paragraph 9.3 and in the event of such a direction the Accreditation Committee will promptly reconsider the decision afresh.
- 9.5 When directing a reconsideration the Board may direct the Accreditation Committee to apply the Accreditation Criteria and/or the Accreditation Policy with such specific variations

as the Board exceptionally considers necessary and expedient in the particular circumstances.

9.6 An Applicant may not apply for (and the Board may not direct) reconsideration of a decision which is itself a reconsideration under this Rule.

9.7 The Board may delegate any decision under this Rule 9 to a panel of not fewer than three Board members.

10. General

10.1 Neither the Accreditation Policy nor the Accreditation Procedure form part of these Rules.

10.2 The transitional arrangements set out in Schedule 1 will apply.

Schedule 1

Transitional Arrangements

These Rules will come into effect on the [] (the Effective Date) [*when the new model is approved by the Board, and the Standards for Learning Providers are in force*]

- (1) Any application for prescription received by the ARB before the [] (the Final Application Date) will be considered on the basis of the Prescription Criteria and Prescription Procedure which applied immediately before the Effective Date (the Existing Procedure).
- (2) The Existing Procedure shall not apply to any application for prescription or accreditation made after the Final Application Date.
- (3) Any application for prescription made before the Final Application Date but which is still pending at the Effective Date will continue under the Existing Procedure except that any decision or function in relation to it under the Existing Procedure will be made or discharged by the Accreditation Committee instead of the Board or the Prescription Committee and the Accreditation Committee will have delegated authority for that purpose.
- (4) If the application is successful, the qualification will be deemed to have been prescribed on the day immediately preceding the Effective Date.
- (5) Any qualification prescribed or deemed prescribed before the Effective Date shall continue to be prescribed but shall after the Effective Date be referred to as an Accredited Qualification and be subject to these Rules, the Accreditation Policies and the Accreditation Procedures.
- (6) No application for prescription or accreditation may be made after the Final Application Date but before the Effective Date.

The Accreditation Policy

This policy sets out the way in which the process of accreditation will be managed, and the interaction between ARB and the applicant through the stages of applying for a new or changed qualification, or for reviewing compliance of an existing one.

Foreword

The Architects Act 1997 (the Act) means that only professionals who have achieved entry to the Register may practice under the title of “architect”. It is ARB’s responsibility to ensure that only those with the right skills and training are included. The role of architects in society does not stand still and ARB continues to reflect that changing role in its requirements for registration.

The Board’s *Initial Education and Training Review* in 2022/23 pointed the way to radically changing the structure of education leading to UK registration. The new accreditation model which has followed will require qualification Providers to demonstrate that qualifications empower students to meet competency outcomes and practical experience required to join the Register. It represents a move away from the assessment of qualifications against the long established General Criteria and Attributes associated with ARB Criteria, Parts 1, 2 and 3.

The way that decisions are made is also changing. Changes to the Act have allowed the Board to delegate consideration of qualifications to a more focused and technically expert group which will form the Board’s Accreditation Committee. The Committee is assisted by the recommendations of ARB’s specialist in-house team.

The Accreditation Committee will carry out its work within a framework of rules, policy and procedures. The Accreditation Rules set out constitutional arrangements and the essential requirements for accreditation. This document comprises the Accreditation Policy which describes the approach that the Committee will usually take and the Accreditation Procedure which sets out each step in obtaining and maintaining accreditation.

Although the statutory terminology for the ARB’s acceptance of a qualification as a basis for registration continues to be “prescription”, the Board has adopted the term “accreditation” to distinguish the new arrangements from the previous ones. The use of different terminology does not change the legal effect of ARB’s decisions. Terms are used in the Policy and Procedure in a way which is consistent with the Accreditation Rules.

Schedule 1 of the Board’s General Rules will continue to set out the details of the qualifications that ARB currently prescribes/accredits for the purposes of entry onto the UK Register of Architects.

Principles

Accreditation decisions should reflect the following principles:

- a. **Proportionality:** the level of information requests, analysis and interrogation of a Provider is to be proportionate to the risk that the qualification does not, meet the Boards requirements. Where other stakeholder bodies or regulatory agencies have assessed performance, this analysis can be used in the assessment of risk.
- b. **Cyclical:** evaluation of performance should be measured over time, with trends of improvement and/or decline noted and considered. The approach should balance incremental and cumulative assessment with any short term or immediate risks. Each qualification must meet minimum standards at all times, but significant intervention is more likely where areas for concern have been identified and not corrected.
- c. **Risk based:** each Provider should be assessed against the Board's Standards for Providers. So far as practicable the minimum information required should be consistent across Providers and incorporate clear definitions and measures as part of a minimum dataset, with comparative evaluation over time.
- d. **Publicly transparent:** typically, the Accreditation Committee's accreditation decisions, and status of any application, will be published on the ARB's website. The information published should include enough information s to be clear on the basis of ARB's decisions.
- e. **Quality assured:** higher education quality assurance and assessment models should be considered and applied where applicable.
- f. **Responsive review periods:** depending on compliance: there need be no fixed review periods. The need, timing and extent of a review should be risk based.
- g. **Timely applications.** Early engagement and application for accreditation by the Provider should be viewed as essential, with all stages prior to Stage 4 being completed before the course commences. Retrospective applications or advertising and recruitment encouraging prospective students to assume accreditation has or will be obtained before the completion of Stage 3 should usually result in accreditation being refused.

Evidence

Evidence will be obtained from three sources:

Datasets

The ARB Executive will base an initial assessment of the Applicant's submission of material via a standardised minimum dataset. Further datasets will be required periodically over the lifetime of Accreditation. This dataset will apply to all Providers, and will change over time as the Board's requirements for areas of expertise or competency outcomes develop. Datasets will be reviewed to ensure the standards are met, but also that any emerging trends are identified.

Responses to requests for information from ARB

The ARB Executive may ask for any other information deemed relevant to the Accreditation Process. The Applicant may also provide additional information outside of the dataset, but it must be accompanied by a clear description of its purpose and how it supports the accreditation of the qualification, or delivery of the Board's required outcomes. This information may be from other organisations' assessment processes in the forms of reports; it does not have to be generated by the Applicant themselves.

Visits

ARB expects to visit Applicants to assess the context of the qualification in the place in which it is delivered, and the resources used to deliver it.

Visits may take place in person or by remote electronic means as ARB thinks appropriate.

Visits will be undertaken by an **Accreditation Visit Team**. These visits may include members of the Accreditation Committee who would attend only as observers. The Accreditation Visit Team should include members with a range of relevant expertise and backgrounds such as: architectural practice; educational delivery; quality assurance and regulatory framework assessment.

The Accreditation Visit Team will be facilitated and supported by the ARB Executive and will be expected to adhere to ARB's standard Terms of Reference for Accreditation Teams.

The Accreditation Visit Team will be provided with a specific written and oral brief prepared by the ARB Executive which will confirm the size and composition of the Accreditation Team having taken account of the size of the Provider and number of qualifications to be considered, as well as any known or existing special conditions or previously identified areas of concern.

Each Accreditation Visit Team will produce a written report to the Accreditation Committee of each of its visits in accordance with the Terms of Reference and the specific brief. The Accreditation Visit Team's Report will also provide reasoned written recommendations in relation to relevant decisions to the Accreditation Committee.

The Accreditation Committee may call on the Accreditation Visit Team to provide further background and analysis. Members of the Accreditation Team should be available to attend meetings of the Accreditation Committee when the Committee considers that to be reasonably necessary to explain their report or recommendations.

The Accreditation Committee is not bound to follow the Accreditation Teams recommendations but where it does not, it should provide specific reasons why it has decided not to do so.

Accreditation Procedure

This document explains the model within which accreditation decisions are taken. It does not form part of the Accreditation Rules but may be subject to change as provided for in those Rules. Part I sets out the procedure for the consideration of qualifications which do not have an existing accreditation (New Qualifications). Part II sets out the procedure by which the accreditation of qualifications is reviewed and maintained. Part III sets out ARB's Causes for Concern process.

Appendix 1 is a glossary of the meaning of terms used in this Accreditation Procedure and the Accreditation Policy.

Appendix 2 (which does not form part of the Accreditation Procedure) contains additional guidance.

Part I

New qualifications

Applicants will be required to make an early, formal application for accreditation of a new qualification. There are four consecutive stages for the application process.

Stage 1

Initial Notification and liaison

This process is initiated by the Applicant for accreditation by a written proposal to ARB not less than two years before the students are admitted to the course leading to the qualification for which accreditation will be sought.

Applicants that do not hold qualification awarding powers must have an agreement with an Awarding Body, in order for relevant qualifications to be Accredited.

The purpose of Stage 1 is to provide an opportunity for:

- planning the application process;
- the ARB Executive to be briefed by the Applicant;
- the Applicant to have sufficient time to plan, and build the necessary resources including staff;
- checking that the application is endorsed and supported within the Applicant's governance structures.

Information to be submitted with the proposal should include:

- Institutional governance – including the process within the Applicant institution for signing-off course proposals.
- An overview of how the proposed qualification will meet ARB's requirements for accreditation. This is not expected to include supporting evidence, but be in sufficient detail to demonstrate that how the required standards will be met have been carefully considered.

Any concerns or uncertainties should be identified for discussion, including an assessment of key risks and mitigations (whether relating to the Applicant or qualification).

- Outline of course and how it is intended to demonstrate compliance with the required Outcomes. This will be particularly relevant for non-standard qualifications.

Stage 2

Course in development: Formal planning meeting with ARB

ARB will give written confirmation to the Applicant when it is satisfied that Stage 1 has been completed to ARB's satisfaction. This is expected to occur within [3] months of Initial Notification

ARB will undertake a first accreditation visit to the Applicant which will be carried out by ARB's Accreditation Visit Team in accordance with the Accreditation Teams Terms of Reference. The Applicant is expected to make key and senior personnel available for interview as requested by ARB. This may include (but not be limited to) the relevant Dean of Faculty, the Head of School, the quality assurance representative and the Course Leader.

During the visit the application will be explored in more detail. ARB will provide an outline agenda in advance of the visit and topics to be covered are likely to include:

- any points of concern and/or risks arising from information provided at Stage 1.
- key requirements of the accreditation process/documentation
- detailed requirements of the Standards for Providers including resource planning, Course outline and EDI policies
- an explanation of the decision-making process including the role of the Accreditation Committee

ARB will provide written feedback to the Applicant promptly following the visit. This feedback is intended to assist the Applicant to refine its application. It does not represent any form of decision or determination or indicate any settled position taken by ARB on any issue or consideration.

Within [14] days of providing feedback, ARB will inform the Applicant whether or not the course leading to the qualification can be advertised as "accreditation application pending" and if so what further information or caveats must be included in any such advertisements.

If ARB refuses permission or if the Applicant objects to the required information/caveats, the Applicant may make prompt written representations to the Accreditation Committee who will reconsider the position.

In the absence of permission, ARB will reconsider the position at the Applicant's request on or before the conclusion of Stage 3.

Stage 3

Conditional Accreditation

ARB will give written confirmation to the Applicant when it is satisfied that Stage 2 has been completed to ARB's satisfaction and this will initiate Stage 3. This is expected to occur within [6] months of the satisfactory completion of Stage 2.

Submission of documentation

Within [1] months of the initiation of Stage 3 the Applicant is required to provide ARB with all course documentation and other supporting documentation to demonstrate compliance with the Standards for Providers which will be reviewed by the ARB Executive. At any time following receipt of this documentation ARB may require the Applicant to provide additional explanations, information and evidence

The Stage 3 Visit

Once ARB has received the information it requires:

- An Accreditation Team will be constituted which may or may not be constituted by the same members as undertook the Stage 1 visit.
- The ARB Executive and the Accreditation Team will formulate a brief for the Stage 3 visit identifying, so far as possible, key decision critical considerations.
- The ARB Executive will provide the Applicant with a copy the Accreditation Team Terms of Reference, of the brief and an agenda for the visit and arrange the Stage 3 visit with the Applicant.
- During the visit the Accreditation Team may require any additional information or evidence it considers necessary.

The Stage 3 Report

Within [4] weeks of the completion of the Stage 3 Visit and the provision of all explanations, information and evidence required by ARB, ARB will produce its Stage 3 Report (**the Stage 3 Report**) and provide it in draft to the Applicant.

Within [28] days (or such further period as ARB may direct) of receipt of the Stage 3 Report the Applicant may make any written representations or supply any further information or evidence it wishes to ARB in relation to the Stage 3 Report and/or offer factual corrections to anything stated as a fact within the report (**the Stage 3 Report Response**).

Consideration by the Accreditation Committee at Stage 3

The Stage 3 Report and the Stage 3 Report Response will be considered by the Accreditation Committee who may (provisionally in relation to a decision to approve an application which is subject to consultation):

- Defer consideration pending the provision of further information, explanations and/or evidence

- Reject the application
- Approve the application subject to **Stage 4 Conditions** and the **Standard Conditions**
- Approve the application subject to any other conditions it considers appropriate (**Special Conditions**).

ARB will give written notice of the Committee's decision to the Applicant within 14 days of it being made.

Consultation

If the application is approved, ARB will consult on the accreditation of the qualification and following receipt of the Consultation responses the Accreditation Committee will promptly consider whether, or not, to approve the application and may make any decision referred to above.

Reasons

If the application is rejected or is made subject to any conditions (other than the Stage 4 Conditions and the unvaried Standard Conditions) the Accreditation Committee will give written reasons for its decision.

Waiver or variation of Conditions

Exceptionally, the Accreditation Committee may vary or dispense with one or more of the Standard Conditions and the Committee will provide the Applicant with written reasons for its decision.

Variation of Time Limits

The Accreditation Committee may vary any of the time limits within this process where it is in their opinion reasonable to do so.

Satisfaction of the Stage 4 Conditions

Stage 4 Conditions relate to the delivery of the qualification and the outcomes for the first cohort to graduate after the application has been approved. They will include a condition that the facts, on the basis of which the application was approved, have not materially and adversely changed. They will indicate the dates by which each condition must be satisfied.

The Stage 4 Conditions will indicate the information that the Applicant must submit and by when to demonstrate that the conditions have been satisfied.

ARB may seek further explanations, information and evidence from the Applicant which may include, but is not limited to, a further visit and/or meeting with external examiners.

The Accreditation Committee will consider whether the Stage 4 Conditions have been satisfied.

ARB will give written notice of the Committee's decision to the Applicant within 14 days of the decision being made.

Stage 4: Accreditation

If the Accreditation Committee is satisfied that the Stage 4 Conditions and any other Conditions have been met and that there has been no material change of circumstances since approval was given at Stage 3, it will direct that the qualification be accredited indicating the date upon which accreditation is effective and confirming the conditions which will continue to apply. Reports from external examiners, confirming the awards made to students are consistent with the Board's requirements would be expected as part of this confirmation.

If the Accreditation Committee is not satisfied that any condition of accreditation required to be satisfied has been satisfied it may:

- Waive or vary any condition to the extent that it considers it fair and reasonable to do so;
- Extend the time within which the condition must be met;
- Call for further evidence or explanation;
- Reject the application and direct that the qualification should not be accredited.

Before rejecting the application (or attaching any conditions not previously attached) the Committee will provide the Applicant with its provisional reasons for being minded to do so, and the Applicant may with 28 days (or such other period as the Committee may direct) provide the Committee with written representations. If the decision to reject the application or attach new conditions is confirmed the Committee will promptly provide the Applicant with written reasons for its decision.

ARB will give written notice of the Committee's decision to the Applicant within 14 days of its decision.

If in the Accreditation Committee's reasonable opinion there has been a material change of circumstances since its Stage 3 approval, it will reconsider the application at Stage 3.

Part II

Maintaining Accreditation

Qualifications which are accredited remain accredited until accreditation is withdrawn. Accreditation does not require renewal after a fixed period. Accreditation may be withdrawn at the request of the Institution providing the accredited qualification or following the ARB Accreditation Review Process

Institutions will be required to provide ARB with written confirmation annually that the qualification continues to comply with the conditions attaching to accreditation, along with any data set as ARB may require.

Before making any Course Change or Title Change, the Provider must obtain ARB's approval. This must be sought in writing with supporting information and explanation.

The ARB Executive may approve minor Course or Title Changes but where the change is material may require additional information and explanation before preparing a report and recommendation to the Accreditation Committee. If the recommendation is not to approve the change, the Provider will be sent a copy of the report and recommendation and given 21 days to provide further written representations to the Accreditation Committee. The Accreditation Committee will then decide whether or not to approve the change.

ARB will notify the Provider within 14 days of the Accreditation Committee's decision and in the event of permission being refused the Committee will provide written reasons. If the Provider proceeds with the change notwithstanding refusal, the ARB Accreditation Review Process will be initiated.

The Accreditation Review Process (ARP)

In addition to the regular review programme, the ARP may be initiated if:

- ARB becomes aware of information suggesting that the qualification may not comply with any condition of accreditation
- ARB considers that the nature and content of the qualification may no longer correspond with current requirements
- Material changes appear to have been made to the content or title of the qualification without ARB's prior approval
- ARB becomes aware of circumstances suggesting that a review would be desirable in the public interest
- The relevant institution requests a review
- ARB identifies a relevant risk relating to the qualification which suggests a review would be desirable
- A review is a condition of accreditation
- ARB considers that it has insufficient up to date knowledge of a qualification

A decision to undertake a review is not necessarily an indication that ARB has concerns in relation to a qualification.

Notice of a Review

ARB will give written notice of a decision to initiate ARP to the Provider setting out the form of the review proposed and the steps required of the recipient to assist the review.

Review Methodology

ARB will constitute an Accreditation Review Team which shall adhere to the Accreditation Review Team Terms of Reference

There is no set duration within which a review will be completed. The review may take the form of monitoring over an extended period.

Where the review arises from the identification of particular risks, ARB will produce a risk assessment and areas of concern, and share this with the provider.

Usually ARB may publish the fact that it is undertaking a review but will usually not publish detailed reasons as to why the review is being undertaken.

Reviews may include one or more visits and interviews as well as remote communications. The Provider will be required to provide any information, explanations or documents required by the Accreditation Review Team.

The Accreditation Review Team will produce a Review Report which will be provided to the Provider.

Within [14] days (or such further period as ARB may direct) of receipt of the Review Report the provider may make any written representations or supply any further information or evidence it wishes to ARB in relation to a Review Report and/or offer factual corrections to anything stated as a fact within the report (the Review Report Response).

Consideration of Review by Accreditation Committee

The Review Report and the Review Report Response will be considered by the Accreditation Committee who may decide:

- to defer consideration pending the provision of further information, explanations and/or evidence
- that the review be concluded on the basis that no further steps are required
- that ARB give written guidance to the provider as to what improvements in the provision of the qualification ARB expects to see and over what period
- to attach new Special Conditions or vary existing conditions and/or
- that the process for withdrawal of accreditation should be initiated.

Before the Accreditation Committee attach new Special Conditions or vary existing conditions to which the provider has not previously consented, the Provider will be given not less than 28 days' notice of the proposed conditions within which to make written representations.

ARB will give written notice of the Committee's decision to the Provider within 14 days of the decision.

The Withdrawal of Accreditation

The procedure for the withdrawal of accreditation is set out in the Accreditation Rules.

Reconsideration of Accreditation Decisions

The procedure by which accreditation decisions may be reconsidered is set out in the Accreditation Rules. Generally reconsideration within the Rules will be dealt with by a panel of three Board Members appointed by the Board for that purpose and that Panel will have delegated authority to make decisions in relation to applications for reconsideration within the Rules.

Part III

Causes for Concern Process

1. This process is intended to deal with any serious issues or allegations of which ARB becomes aware of in relation to an accredited qualification, and which may affect its accredited status.
2. The Causes for Concern process is not intended to replace or be a substitute for a Provider's own processes for reporting concerns and allegations. Neither is the Board responsible for the regulation of Providers or the control of funding. ARB may examine the impact of these, but cannot control or influence changes where responsibility lies with another organisation.
3. The Board's Causes for Concern process cannot be used to appeal academic decisions relating to marks, progression or awards. As such, the Board would only expect to consider any concerns or allegations once other relevant processes have concluded.
4. ARB will determine the procedure to be adopted as appropriate for the concern raised/identified. This may include (though is not limited to) any/all of the following:
 - a. Inviting the institution to provide a written response to any allegations;
 - b. Inviting a whistle-blower to provide further information;
 - c. Representatives nominated by ARB visiting the institution to discuss the allegations and/or gather further information.
5. Any information received will be considered to the extent appropriate for the purpose of decisions required of ARB.
6. ARB may forward details of any credible allegation of impropriety and evidence gathered/provided to the appropriate officer of the Provider involved, and/or any other relevant regulatory or public authority.
7. The Provider is required to inform ARB of the outcome of any enquiry or investigation relevant or potentially relevant to Accreditation.
8. Any steps under this process will be overseen by a member of the Board designated for that purpose and any decisions relating to Accreditation will be made by the Accreditation Committee.

Appendix 1 – Glossary

“Accreditation Committee” means the Committee constituted by the Accreditation Rules to which the Board has delegated Accreditation Decisions.

“Accreditation Reconsideration Panel” means a panel of Board members to whom has been delegated the reconsideration of any accreditation decision under Rule 9 of the Accreditation Rules.

“Accreditation Review Team” means the specifically constituted non-executive and executive team that assesses the Provider data, and visits the Provider to consider compliance of an existing qualification.

“Accreditation Visit Team” means the team that visits Providers during the assessment of a new application for a qualification.

“Accreditation Visit Team Terms of Reference” and Accreditation Review Team Terms of Reference” mean the standard Terms of Reference for those Teams respectively contained within Appendix 2.

“Applicant” means the entity making an Application.

“Application” means the submission made by an institution in order to gain or maintain Accreditation.

“ARB” means the Architects Registration Board – a statutory corporation under the Act.

“ARB Executive” means the Registrar, ARB’s Director of Registration and Accreditation or any other employee of ARB acting as the delegate of either of them.

“Awarding body” means the institution – typically a university – that awards a qualification (e.g. a Certificate, diploma, degree etc.); and has responsibility for the academic standards of any awards granted in its name but is not the Provider.

“The Board” means Board members acting collectively.

“Consultation” means the consultation required before accrediting a qualification for the first time in accordance with the requirement under Section 4(3) of the Act to consult the bodies Representative of architects which are incorporated by royal charter and such other professional and educational bodies as it think appropriate.

“Course change” means any change to the content of any prescribed qualification.

“Delivering/Delivery body” means a university, college, higher education institution or similar organisation responsible for delivering a prescribed qualification; but which does not hold qualification awarding powers.

“Notice/notify” means a notice in writing (includes a notice sent electronically).

“Prescription” means the process by which qualifications were prescribed by the Board under the Architects Act 1997 prior to the coming into force of ARB’s Accreditation Rules.

“The Profession” means those on the UK Register of Architects.

“Programme specification” means the concise description of a higher education programme. These typically include the educational aims of the programme; strategies for teaching, learning and assessment; and an outline of the course structure.

“Provider” means the university, college, higher education institution or similar organisation responsible for delivering a programme leading to a qualification.

“Qualification” includes a programme of study, an examination or assessment; and, where appropriate, refers to degrees, diplomas and professional practice examinations in accordance with the Accreditation Criteria and Accreditation Policy.

“Review Report” means the report produced by the Accreditation Review Team under these procedures.

“School” means the academic unit within an institution that is responsible to it for the delivery of the qualification. A school may be an institution. See also ‘institution’ above.

“Standards for Providers” means the document of that name at Appendix X

Stage 3 Report means the report produced by the Accreditation Team at Stage 3

Stage 3 Report Response means the Applicant’s response to the Stage 3 Report

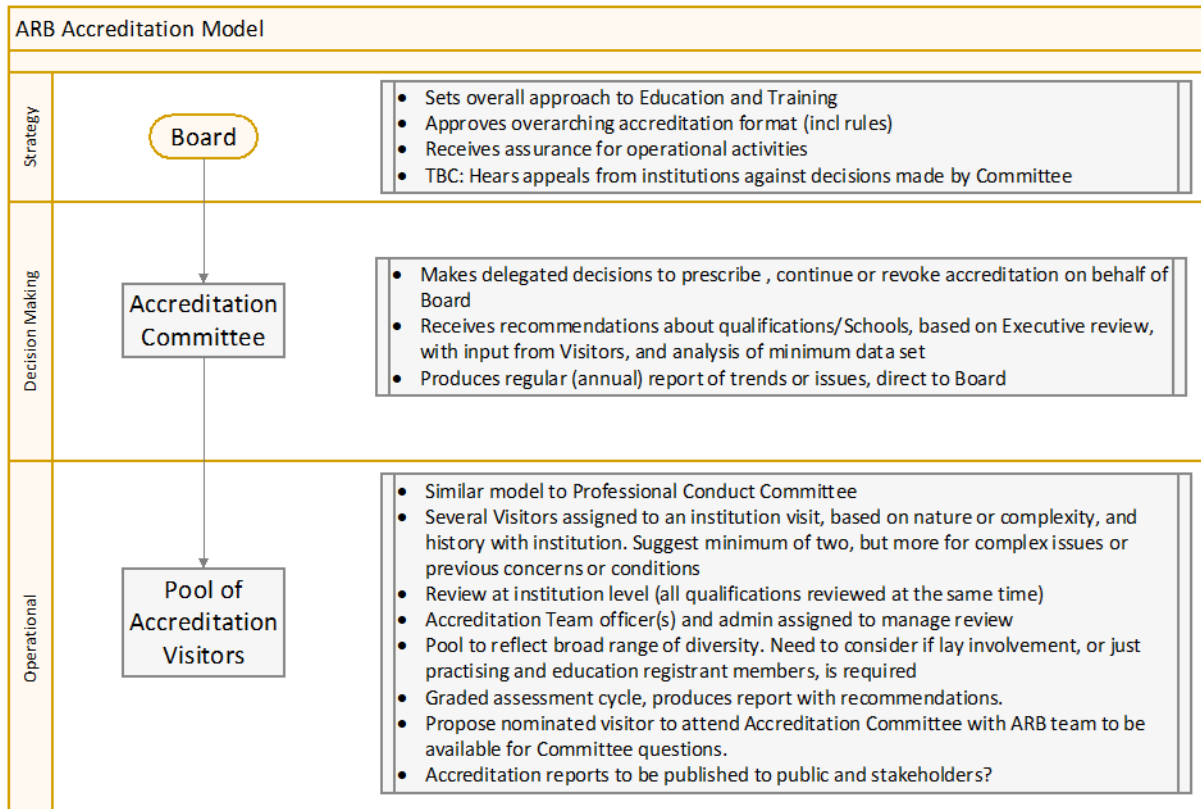
“Student/candidate” means the individual undertaking a qualification.

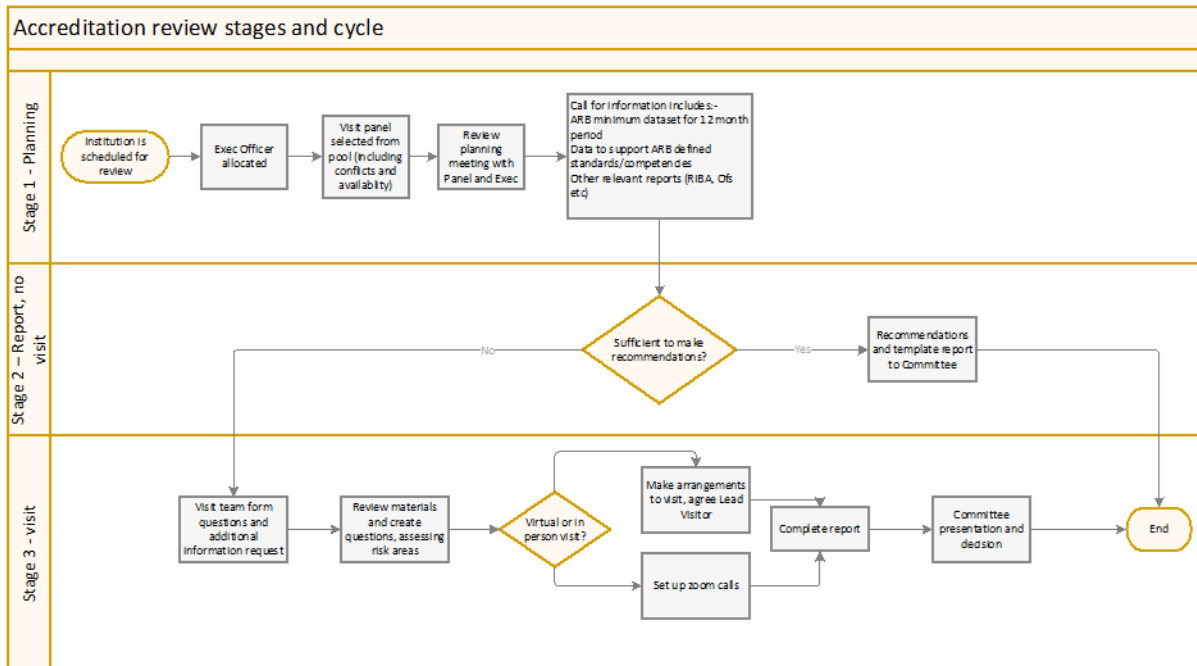
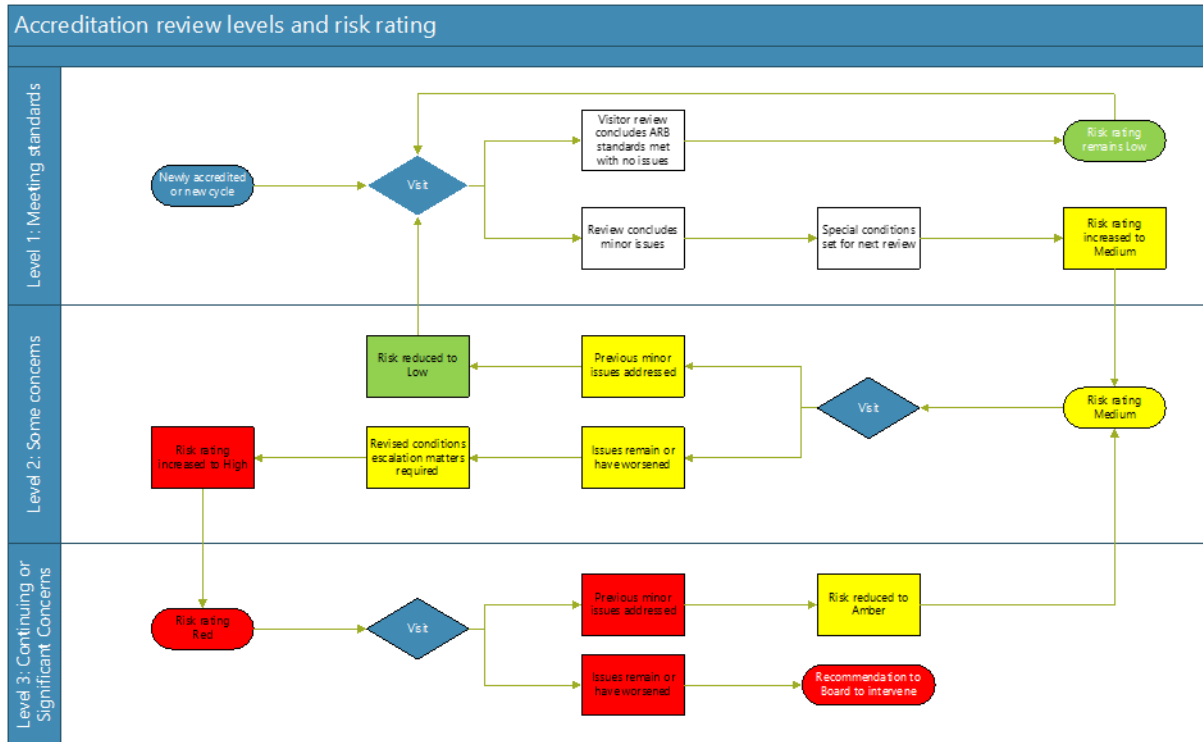
“Title change” means any change to the title, awarding body or delivering body of any qualification. Title changes must be notified at the earliest opportunity. See also ‘course change’ above.

Appendix 2 - Guidance

Process

The following charts show the stages and processes describe in these procedures and will form the basis of the guidance to institutions.





Cycle 1: new cycle of monitoring, or when first accredited

Assessment recommendations could be:-

1) All fine, no special conditions **Green risk**

OR

2) Minor concerns. Special conditions with monitoring required for next cycle (including Institution's own risk assessment, action plan and data for evaluation) – this is **amber risk**

Cycle 2: revisit areas identified in previous cycle

1) If everything continues to be fine, remains **Green risk** rated (no special conditions)

2) If some improvement, but conditions not discharged, moves to **Red risk**, with warning that if no improvement in next cycle, then intervention may be made

Cycle 3: review of current cycle (akin to renewal of prescription)

1) If everything remains fine, remains **Green risk** (no conditions)

2) If improvements made but concerns remain, or deterioration, or new but basic concerns emerge, may move back to **Amber risk** rating or remain **Red risk, with enhanced monitoring**

3) If no improvement from last time/concerns increasing, consider withdrawing or restricting prescription.

At any stage,
ARB Causes for Concern
process can be invoked

