

# Board paper

for Open session

Subject:

To approve the proposed Accreditation Rules

Board meeting:

18 October 2023

Agenda item:

7

Action:

- For noting
- For discussion
- For decision

## Purpose

The Board is being asked to consider and approve the Accreditation Rules for the delegated decision-making.

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## Recommendations

The Board is asked to approve the proposed Accreditation Rules, to come into effect on 19<sup>th</sup> October 2023

The Board is asked to formally delegate the decision-making powers for accrediting qualifications, to the Accreditation Committee, who will apply these Accreditation Rules.

## Annexes

- Annex 1 – Accreditation Rules
- Annex 2 – Accreditation Policy

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# 1. Open Session

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## 2. Background and Key points

- 2.1. The Board has previously approved the establishment of an Accreditation Committee and has agreed terms of reference.
- 2.2. The Committee has been recruited, and the Board formally approved its membership in September 2023.
- 2.3. The Committee is due to commence its decision-making on 31 October 2023.
- 2.4. These Accreditation Rules will be used by the Committee to underpin good and consistent decision-making.
- 2.5. The draft Rules were included in the consultation materials, as part of the wider initial education and training development work and have now been finalised following analysis of feedback from that exercise.
- 2.6. The Rules set out the delegated decisions that the committee can make on behalf of the Board, the information requirements from Providers, and the use of visits to inform recommendations on accreditation.
- 2.7. There is no proposed appeal process within the Rules. This reflects both current policy, but also that in future, accreditation is not designed to be solely a judgement at a fixed point. The new accreditation model involves regular engagement with providers, intensive and incremental assurance processes, with feedback to and from the Provider at each stage. It is designed to ensure stakeholders are aware of the ARB's recommendations from the onset of the engagement. Applicants would still have the option to use legal means to challenge a decision in the courts.
- 2.8. These Rules require applicants to provide data that meets the Board's Standards for Providers, and that qualifications demonstrate the Academic and Practice Outcomes.
- 2.9. Existing qualifications, prescribed under the previous framework, will continue to be monitored against the previous Criteria. Any application to change qualifications will be assessed against the new Rules. Existing qualifications will cease to be reviewed after December 2028, or if the Provider seeks a change or requests withdrawal of the qualification.

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## 3. Resource Implications

- 3.1. Accreditation activity is included in the budget. There are no additional resource implications related to the approval of these rules.

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## 4. Risk Implications

- 4.1. These Rules follow previous decisions by the Board to establish an Accreditation Committee, and for that committee to have delegated authority to make decisions on the accreditation of qualifications.
- 4.2. As with any set of Rules, there is a risk that they are not appropriately drafted or gaps in the Rules are identified when operationalised. This has been mitigated through consultation, seeking legal advice and internal quality assurance.

- 4.3. The previous Prescription Committee has now been disbanded, and its Prescription Procedures no longer apply, now that the Board has agreed new Outcomes, Standards and framework for initial education and training.
  - 4.4. Whilst the Accreditation Rules will apply to new qualifications, existing qualifications in the annual monitoring stages will continue to be reviewed by the Accreditation Committee until the qualification expires, is withdrawn or is replaced.
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## 5. Communication

- 5.1. We have already sought feedback on the Accreditation Rules during the recent consultation. There were no changes made as a result.
  - 5.2. The Rules will be published on our website and clearly communicated to any applicants to whom it would apply.
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## 6. Equality and Diversity implications

- 6.1. The Accreditation Rules will apply to decision-making in relation to all new or existing qualifications, and to all current and future Providers. These Rules will allow the Board to be assured that Providers are considering and implementing measures to ensure equality and diversity is evaluated in course provision.
  - 6.2. These Rules will allow consistent decision-making at Committee level and will drive the Executive's approach to scrutiny.
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## 7. Recommendations

The Board is asked to approve the proposed Accreditation Rules, to come into effect on 19<sup>th</sup> October 2023

The Board is asked to formally delegate the decision-making powers for accrediting qualifications, to the Accreditation Committee, who will apply these Accreditation Rules.



## **Annex 1**

### **Accreditation Rules October 2023**

#### **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 19 October 2023.
- 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.

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

“Accreditation Committee” means the Committee to whom responsibility for accreditation has been delegated in accordance with these Rules under Schedule 1 paragraphs 18(1); 18(1)(a) and (b); 18(2); 18(2)b); and 19 of the Act.

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

“Accreditation Procedures” means the procedures by which applications and submissions are considered and accreditation decisions are made.

“Accreditation Policy” means the policy in relation to accreditation reviewed by the Board from time to time.

“Accreditation Rules” means these Rules.

“Applicant” means the entity that 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.

“The Register” means the Register of Architects maintained by ARB under Section 3 of the Act.

“Provider” means the organisation or institution responsible for delivering a qualification.

“Registrant” means a person on 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.

### **3. The Accreditation Committee**

- 3.1 ARB shall establish an Accreditation Committee to discharge 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 the 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 Procedures**

- 4.1 Applications for accreditation will be dealt with in accordance with the Accreditation Procedures as set out in the Accreditation Handbook
- 4.2 Applicants seeking accreditation of master's-level qualifications that do not hold degree awarding powers must have a continuing formal agreement with an awarding body in order for relevant qualifications to be accredited.
- 4.3 The Accreditation Procedures may be amended from time to time, with the Accreditation Committee having oversight of any changes.

### **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 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 Procedures where it is necessary and reasonable to do so in relation to a particular application.
- 5.3 The decisions made by the Accreditation Committee under its delegated authority will be final, and there is no mechanism for appeal outside of judicial review.

### **6. The Accreditation Outcomes and Standards**

- 6.1 The Accreditation Outcomes and Standards are required to be demonstrated by Providers seeking accreditation of qualifications.
- 6.2 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 the basis upon which withdrawal is contemplated and including the facts and documents relied upon.
- 8.2 The Provider may submit written representations and relevant supporting evidence to the Accreditation Committee within 14 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. General**

- 9.1 The Accreditation Policy does not form part of these Rules.
- 9.2 Transitional arrangements will be published separately and do not form part of these Rules.

## **10. Maintaining Accreditation**

- 10.1 Qualifications that are accredited remain accredited until accreditation is withdrawn. Accreditation does not require renewal after a fixed period.
- 10.2 Accreditation may be withdrawn at the request of the Provider of the accredited qualification, or following the ARB Accreditation Review Process.
- 10.3 Institutions will be required to provide ARB with written confirmation annually that the qualification continues to comply with the conditions attached to accreditation, along with any data set as ARB may require.
- 10.4 Before implementing any course change or title change, the Provider must obtain ARB's approval. This must be sought in writing with supporting information and explanation(s).
  - 10.4.1 The ARB Executive may approve minor course or title changes.

10.4.2 Where a change is material it may require the Provider to submit additional information and explanation before preparing a report and recommendation to the Accreditation Committee.

10.4.3 If the recommendation is not to approve the change, the Provider will be sent a copy of the report and recommendation and will be typically given 14 days to provide written representations to the Accreditation Committee. The Accreditation Committee will then decide whether or not to approve the change.

10.4.4 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.

10.4.5 If the Provider proceeds with the change notwithstanding refusal, the ARB Accreditation Review Process will be initiated.

## **11. The Accreditation Review Process (ARP)**

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

11.1.1 ARB becomes aware of information suggesting that the qualification may not comply with any condition of accreditation.

11.1.2 ARB considers that the nature and content of the qualification may no longer correspond with current requirements.

11.1.3 Material changes appear to have been made to the content or title of the qualification without ARB's prior approval.

11.1.4 ARB becomes aware of circumstances suggesting that a review would be desirable in the public interest.

11.1.5 ARB identifies a relevant risk relating to the qualification which suggests a review would be desirable.

11.1.6 A review is a condition of accreditation.

11.1.7 ARB considers that it has insufficient up to date knowledge of a qualification.

11.1.8 A Provider requests a review.

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

### **11.3 Notice of a Review**



11.3.1 ARB will determine the form that the review will take as appropriate for the reason that the ARP was initiated.

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

#### **11.4 Review Methodology**

11.4.1 ARB will constitute an Accreditation Review Team. Any formal visit to the Provider will be preceded by Terms of Reference setting out the purpose and content of the visit.

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

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

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

11.4.5 A review 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.

11.4.6 The findings and conclusions of the review will be compiled into a Review Report, along with recommendations for the Accreditation Committee.

11.4.7 The Provider is entitled to have sight of the Review Report, and will have 14 days (or such period as ARB may direct) to make any written representations on these (the Review Report Response). The Review Report Response will be presented to the Accreditation Committee with the Review Report.

#### **Consideration of Review by Accreditation Committee**

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

11.5.1 To defer consideration pending the provision of further information, explanations and/or evidence;

11.5.2 That the review be concluded on the basis that no further steps are required;

11.5.3 That ARB gives written guidance to the Provider as to improvements that ARB expects to see and over what period;

11.5.4 To attach additional conditions and/or vary existing conditions; and/or

11.5.5 To initiate the process for withdrawal of accreditation.

11.5.6 If the Accreditation Committee decides to attach additional conditions and/or vary existing conditions that were not included in the Review Report, the Provider will be notified in writing and will have 14 days (or such period as ARB may direct) to make any written representations.

11.6 ARB will notify the Provider within 14 days of the Accreditation Committee's decision.

## **12. Notification of Withdrawal of Accreditation**

12.1 The procedure for the withdrawal of accreditation is set out in the Accreditation Procedures and guidance for Providers included in the Handbook

## **13. Causes for Concern Process**

13.1 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.

13.2 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. Nor is the Board responsible for the wider regulation of Providers, or the control of funding.

13.3 The Causes for Concern process cannot be used to appeal academic decisions relating to marks, progression or awards. As such, the Accreditation Committee would only expect to consider any concerns or allegations once other relevant processes have concluded.

13.4 ARB will determine the procedure to be adopted as appropriate for the concern raised. This may include (though is not limited to) any or all of the following:

13.4.1 Inviting the Provider to provide a written response to any allegations;

13.4.2 Inviting a whistle-blower to provide further information;

13.4.3 Representatives nominated by ARB visiting the Provider to discuss the allegations and/or gather further information.

13.5 Any information received will be considered to the extent appropriate for the purpose of decisions required of ARB.

13.6 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.

13.7 The Provider is required to inform ARB of the outcome of any enquiry or investigation relevant or potentially relevant to accreditation.

13.8 Any steps under this process will be overseen by the Executive, and any decisions relating to accreditation will be made by the Accreditation Committee.

## 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

1.1 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 registered. The role of architects in society does not stand still and ARB continues to reflect that changing role in its requirements for registration.

1.2 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 requires 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, Graduate Attributes and Professional Criteria associated with ARB Criteria at Parts 1, 2 and 3.

1.3 The way that decisions are made has also changed. Changes to the Act allowed the Board to delegate consideration of qualifications to the Accreditation Committee – a focused and technically expert group appointed by the Board. The Committee is assisted by the recommendations of ARB’s Executive team.

1.4 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 also comprises the Accreditation Policy which describes the approach that the Committee will usually take in making decisions.

1.5 Although the statutory terminology for ARB’s recognition 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 Procedures in a way which is consistent with the Accreditation Rules.

1.6 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. The Accreditation Committee will agree changes to the Schedule as a delegated function on behalf of the Board.

## 2 Principles

Accreditation decisions should reflect the following principles:

**2.1 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 ARB's assessment of risk.

**2.2 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.

**2.3 Risk based.** Each Provider should be assessed against the Board's Outcomes and Standards. So far as is 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.

**2.4 Publicly transparent.** Typically, the Accreditation Committee's decisions and the status of any application or qualification, will be published on ARB's website. The information published should include enough information as to be clear on the basis of ARB's decisions.

**2.5 Quality assured.** Higher education quality assurance and assessment models should be considered and applied where applicable.

**2.6 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 and communicated by the Executive to the Provider in advance.

**2.7 Timely applications.** Early engagement and application for accreditation by the Provider is essential, with full engagement with the accreditation process required to be in place before the course commences. Retrospective applications, or advertising that implies accreditation has or will be obtained before ARB approval will usually result in accreditation being refused.

## 3 Evidence for Applications

Evidence will be obtained from three sources:

**3.1 Datasets.** The ARB Executive will undertake an initial assessment of the Applicant's submission of 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.

**3.2 Responses to requests for information from ARB.** The ARB Executive may ask for any other information deemed relevant to accreditation. The Applicant may also submit additional information outside the minimum 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 Outcomes and Standards. 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.

### **3.3 Visits**

3.3.1 ARB expects to visit Applicants to assess the context of the qualification and discuss matters requiring clarification or further explanation from the Provider.

3.3.2 Visits may take place in person or by remote electronic means as ARB thinks appropriate and will be conducted in accordance with ARB's Accreditation Visit Terms of Reference. A copy of the Terms of Reference will be issued to the Applicant in advance of the visit.

3.3.3 Visits will be undertaken by an Accreditation Visit Team that should include members of the ARB Executive and Visitor(s) with expertise in architectural practice, educational delivery and assessment, quality assurance, and/or regulation. Members of the Accreditation Committee may attend visits as observers.

3.3.4 The findings of the visit will be incorporated into a written report on the assessment of the application against ARB's Outcomes and Standards, along with the ARB Executive's recommendations for the Accreditation Committee.

3.3.5 The Applicant is entitled to have sight of the ARB Executive's conclusions and recommendations and will have 14 days (or such period as ARB may direct) to make any written representations on these. The Applicant's comments will be presented to the Accreditation Committee alongside the application and recommendations.

3.3.6 The Accreditation Committee is not bound to follow the ARB Executive's recommendations. Where it chooses not to do so, the Committee should provide reasons for its decisions.

## **4 Withdrawal of accreditation**

4.1 The Accreditation Committee will make its decision based on the recommendations provided by the Executive, based on any visit reports.

4.2 The Committee will provide written reasons for its decision to the applicant following the Committee meeting.



## Appendix 1 – Glossary

“Accreditation Review Team” means the team of ARB Executive members and non-executive Visitor(s) constituted to assess the Provider’s dataset and visit the Provider to consider compliance of an existing qualification.

“Accreditation Visit Team” means the team of ARB Executive members and non-executive Visitor(s) constituted to assess the Provider’s dataset and visit the Provider during the assessment of an application for accreditation of a new qualification.

“Accreditation Review Visit Terms of Reference” and “Accreditation Visit Terms of Reference” mean the standard terms of reference respectively which will be provided in advance of any formal visit to an institution.

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

“Awarding body” means the institution – typically a university – that has degree awarding powers.

“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 thinks appropriate.

“Course change” means any change to the content of any accredited 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.

“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 Outcomes and Accreditation Policy.

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

“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 Board’s requirements for institutions providing qualifications.

“Student” 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.

“Visitors” means the individuals appointed by ARB to assess accreditation submissions and undertake visits in conjunction with the ARB Executive; and to provide expert technical insight and guidance on matters relating to accreditation and quality assurance. Visitors have expertise and professional experience in architectural practice, educational delivery and assessment, quality assurance, and/or regulation.