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| Subject: Accreditation Policy on Engineering Degree Programmes | | | |
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# ACCREDITATION POLICY ON ENGINEERING DEGREE PROGRAMMES

**Document Reference**: EAB-A10-P

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**Preamble and Purpose of this Document**

This document spells out the EAB Policy on accreditation of engineering degree programmes meeting CRPE Stage-1 (Educational Requirements) for registration as Registered Professional Engineer in Mauritius.

The Engineering Accreditation Board, the EAB, draws its authority from the Constitution of the Institution of Engineers Mauritius, which lays down as follows:

(i)     Section 2.2.7: Council of the Institution shall establish an Engineering Accreditation Board (EAB), which shall, upon request from Higher Educational Institutions, undertake the accreditation of the engineering degree programmes they offer for entry into professional engineering practice and, when so approved, programmes intended for practice of engineering technologists or engineering technicians;

(ii)    Section 2.4.2 (a): The Engineering Accreditation Board shall implement the Accreditation Policy of the Institution;

(iii)   Sections 2.2.9, 2.2.14 & 2.4.9: Give directions on benchmark standards for accreditation of engineering education in the Republic of Mauritius;

(iv)   Section 2.4.2(b) assures the autonomy of the EAB in its the conduct of accreditation and decision process, and Section 2.4.2 (c) provides for its administrative and operational independence.

(v)    Other provisions of the IEM Constitution authorise the EAB to set up the instruments it may require for discharging its mandate.

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## 1.      Purpose of Document

1.1      This Document defines the policy of the Engineering Accreditation Board (EAB) governing the accreditation process for engineering degree programmes of an academic standard defined in document **EAB-A02-P:** *Qualification Standard for Bachelor of Engineering (Hons)/Bachelor of Science (Hons) in Engineering Programmes* which should be substantially equivalent to corresponding programmes accredited by Signatories of Washington Accord. An engineering degree accredited by a Washington Accord signatory under the Rules and Procedures of the International Engineering Alliance is approved by the Regulatory Authority, viz., the Council of Registered Professional Engineers Mauritius (CRPE), as meeting Stage-1 *(Educational requirements for Registration)* of the Authority's registration requirements.

1.2.      As spelt out in the preamble to this document, IEM has delegated authority for implementing its policy on accreditation to the Engineering Accreditation Board (EAB) an autonomous body established in accordance with and under the authority of the Constitution of the IEM, in pursuance of which the EAB shall benchmark its accreditation standards and process on those advocated by Washington Accord for entry into professional engineering practice.

     1.2.1      IEM shall approve any engineering degree accredited to that standard or substantially equivalent to it as meeting the academic requirements for admission into the Institution's corporate membership grades, viz., MIEM and FIEM.

     1.2.2      The EAB shall on receipt of a request from any HEI for accreditation of anyone or more of its programmes, appoint an Accreditation Committee (AC) as provided for in Section 6.7 of this document, except for new programmes, falling in the category of programmes defined in Section 5.1.1(a), where the provision of Section 5.1.1(b) applies.

     1.2.3      The detailed functions, objectives and governance structure of the EAB are described in IEM document *"Governance Manual for the Engineering Accreditation Board"*, summarised in document **EAB-A00:** *Administration and Governance of the Engineering Accreditation Board.* Document **EAB-A01-P:**

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*Background to Accreditation of Engineering Degree Programmes* describes the background to Accreditation of Engineering Education by EAB.

1.3 This document as well as the following Chart EAB-A10-P identify the documents defining the EAB accreditation system; the document also defines terms used in the context of accreditation by the EAB.
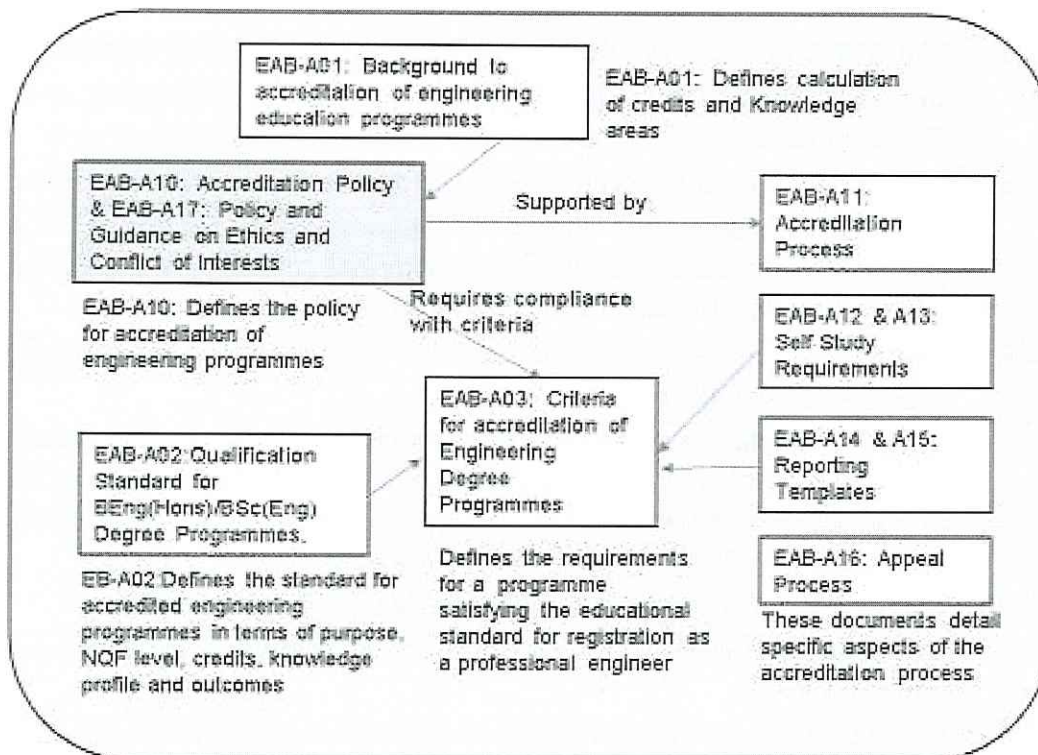


Chart EAB-A10

These various documents include:

1.3.1 **EAB-A01-P:** *Background to Accreditation of Engineering Degree Programmes.*
Explains the background to engineering programme accreditation by EAB.

1.3.2 **EAB-A02-P:** *Qualification Standard for Bachelor of Engineering (Hons)/ Bachelor of Science (Hons) in Engineering Programmes.*

Defines the qualifications standard of an accredited degree. Any HEI delivering a programme that is substantially equivalent to the defined standard may seek accreditation from EAB.

1.3.3 **EAB-A03-P:** *Criteria for Accreditation of Engineering Degree Programmes Meeting Stage-1 of CRPE Registration Requirements.*

Defines the Criteria that shall apply to the accreditation of any engineering degree programme against the EAB standard for the BEng (Hons) type degree.

1.3.4 **EAB-A10-P:** *Accreditation Policy on Engineering Degree Programmes;*

Sets down the EAB Policy on Engineering education accreditation, and identifies the documents that define the EAB Accreditation System and process.

1.3.5 **EAB-A11-P:** *Procedure for arranging and conducting accreditation visits.*

Explains the process that comes into operation from receipt of a Request for Evaluation to issue of a Decision Letter by EAB, including the procedure for an appeal should an HEI desires to have recourse to such a procedure.

1.3.6 **EAB-A12-P:** *Self-Study Documentation Requirements for Accreditation of Engineering Degree Programmes.*

Identifies the documents and nature of information that the Head of a Faculty (or other equivalent appellations) and the Head of a Department are required to submit to EAB as well as the evidence that the HEI must make available for examination by Accreditation Team during visits.

1.3.7 **EAB-A13-P:** *Tables and Forms for use in  Self-Study submission.*

These are specially designed forms for submitting data supporting the submission under 1.3.6.

1.3.8 **EAB-A14-P:** *Format for Accreditation Visit Team Report and Recommendations.*

Provides a format for the Report of the Evaluation Team.

1.3.9 **EAB-A15-P:** *Format for Visit Team Leader's Report*

The format proposed for a Visit Leader to summarise the Reports of Evaluation Teams when there is more than one programme being accredited.

1.3.10 **EAB-A16-P:** *Procedure for Appeal/Review against Accreditation Decisions*

Lays down the procedure available to an HEI aggrieved with the Accreditation decision.

1.3.11 **EAB-A17-P:** *Policy and Guidance on Ethics and Conflicts of Interest in Accreditation of Engineering Degree Programmes.*

A compilation of policy and guidance on ethics and conflicts of interest for attention and guidance of EAB evaluators and decision takers.

1.3.12 **EAB-A20-P:** *Accredited Programmes Meeting Stage-1 of CRPE Registration Requirements.*

This is a document that would list programmes accredited by EAB, as and when programmes are accredited.

## 2.     Structure of this Document

This document is structured as follows:

Section 3:  Introduces accreditation, its purpose and the types of degree programmes considered for accreditation.

Section 4:  Defines the accreditation cycle, the types of decisions and the terminology used for stating findings of the evaluation process.

Section 5: States the EAB policy on the processes for the accreditation of programmes at various stages of their lifecycles.

Section 6:  Defines the accreditation visit team and the requirements for team members, team leaders and visit leaders.

Section 7:  Defines policy on observers at accreditation visits and EAB meetings.

Section 8:  Defines roles and responsibilities of the EAB and the Administrator (Accreditation).

Section 9: States the EAB policy on ensuring fairness of accreditation decisions, publishing accreditation decisions and confidentiality of the process.

Section 10: States the EAB policy on cost recovery.

Section 11: Defines policy applicable to accreditation visits outside Mauritius.

## 3. Accreditation and Provisional Accreditation

## 3.1.  EAB's Authority for Accreditation

3.1.1 In consideration of the following facts:

(i) that authority to recognise and approve a qualification in engineering, for the purpose of engaging in the practice of engineering, and to register practising engineers is vested with the Council of Registered Professional Engineers (CRPE) under the Registered Professional Engineers Council Act July 1966; and

(ii) that Section 17 of the Higher Education Act (2017) provides that the Higher Education Commission (HEC) established under the Act, shall not grant accreditation to any programmes intended for entry into a regulated practice unless that programme is approved by the relevant Recognised body regulating that practice which in the case of engineering programmes is the CRPE; and

(iii) that, as stated in Section 3.2 of document **EAB-A01-P**, CRPE, in a Memorandum of Understanding signed with the IEM, has agreed as follows:

Firstly, that any programme of studies in engineering that EAB may approve, or that it may accredit, subsequent to an evaluation of the programme against the Washington Accord accreditation standards, criteria and procedures, shall be deemed to satisfy the educational requirements for registration as a Registered Professional Engineer Mauritius under the Registered Professional Engineers Act, 1966, or as may be amended, and

Secondly, Council additionally agrees and declares that any programme in engineering accredited by EAB as being substantially equivalent to and meeting the Washington Accord standard, shall also be deemed to fully satisfy the educational requirements for registration under the Act referred to above, and

Thirdly, that the Agreement shall remain in operation until IEM's admission as a signatory of the Accord, and shall be automatically renewed thereafter for successive periods of 6 years so long as IEM maintains its membership of the Washington Accord, or any other Accord under the International Engineering Alliance.

(iv) IEM has delegated to the Engineering Accreditation Board (EAB), an autonomous body, established under the Rules (or Constitution) of IEM, responsibility for the accreditation of engineering degree programmes, or the renewal thereof, or carry out any review of an engineering degree programme (for the purposes of an accreditation) offered by any HEI, subject to the HEI

making a formal request in that connection, and to do so in conformity with the Policy and Procedures outlined in this document.

Further, as set out in the Preamble of this document, the EAB draws its authority for the discharge of its responsibility from the Constitution of the IEM, which requires the EAB to benchmark its standards and accreditation procedures effective within the Washington Accord professional engineering bodies.

3.1.2(1) IEM recognises the programme provider's prerogative to seek accreditation from any Signatory of the Washington Accord. Towards this end, it commits itself, through the EAB, to grant authorisation, or offer its collaboration to that programme provider, towards seeking such accreditation, as provided for in the Rules and Procedures of the International Engineering Alliance, an umbrella organisation within which Washington Accord operates.

3.1.2(2) EAB shall accredit only educational programmes leading to a degree in engineering that conforms to the standard prescribed in document **EAB-A02-P**, and any other that IEM may approve, and not educational institutions.

3.1.2(3) EAB shall only accredit programmes that are offered by a Higher Education Institution (HEI) duly approved and registered as a Tertiary Education institution by the appropriate authority.

3.1.3 Within this policy, accreditation signifies formal recognition through a quality assurance procedure put in place by the EAB towards ascertaining that an education programme meets the accreditation criteria laid down for the type of programme specified in document **EAB-A02-P**. Section 2.6 of document **EAB-A01-P** states the EAB position on qualifications for technologists and technicians.

3.1.4 The accreditation criteria for BEng (Hons)/BSc (Hons) in Engineering programmes or substantially equivalent programmes thereto are defined in document **EAB-A03-P**: *Criteria for Accreditation of Engineering Degree Programmes Meeting Stage-1 of CRPE Registration Requirements.*

3.1.5 Accreditation of an engineering degree programme by EAB, signifies that the programme is recognised as satisfying the prescribed accreditation criteria and is able to continue to produce graduates who meet the prescribed outcome criteria for a defined period of up to five years. Should a programme not satisfy all the criteria, but evidence exists of commitment and capacity on the part of the

programme provider to achieve full compliance within a stated time, that programme may be accredited for a period not exceeding three years.

3.1.6 Accreditation is granted by the EAB subsequent to an evaluation of an engineering programme and the qualification awarded and a Visit by an Evaluation Team to the Engineering Department of the HEI having requested an evaluation or accreditation

## 3.2. Provisional Accreditation

3.2.1 Provisional accreditation is an interim accreditation that may be awarded to a new or extensively revised programme through a quality assurance process shortly after the stage at which students have completed half the required academic credits.

3.2.2 Provisional accreditation may be awarded to BEng (Hons), BSc(Eng)(Hons) type of programme satisfying the criteria referred to in **EAB-A03-P**.

3.2.3 Provisional accreditation indicates to the programme provider and the students in the programme that the sections of the programme already implemented are generally consistent with applicable criteria, and if the remainder of the programme is implemented as planned, and that identified deficiencies and concerns are addressed, the qualification is likely to be accredited. However, EAB will not accredit the qualification at the provisional accreditation stage.

3.2.4 Provisional accreditation is granted for a maximum period of three years.

3.2.5 Provisional accreditation may be converted to accreditation of the qualification and programme by means of an evaluation visit. This visit must take place in the year following the first graduates. Thereafter, regular accreditation visits should take place as scheduled for the programme provider.

3.2.6 Graduates meeting the requirements of the programme during the period of provisional accreditation are granted recognition retrospectively by the EAB when the programme is accredited.

3.2.7 Should a programme that was granted provisional accreditation be denied accreditation as a result of the accreditation visit, the graduates shall be deemed not to hold an accredited qualification.

3.2.8 The procedure for provisional accreditation evaluation is defined in Section 5.1.2.

### 3.3. New Programmes

The EAB does not accredit programmes in the planning stage but offers various advisory evaluations, which are detailed in Section 5.1. New programmes proposed to be offered to the public are subject to the regulations of the Higher Education Commission under the HEA (2017).

### 3.4. Responsibility for accreditation

The EAB is responsible for decision-making with regard to the accreditation of the BEng (Hons) / BSc(Eng)(Hons) programmes against the benchmark set by IEM. However, all communications conveying any Accreditation decision (grant, withdrawal or suspension) shall be issued under the signature of the EAB Chairperson and copied to the IEM President.

In addition, EAB may grant provisional accreditation to programmes after consideration of the full report from the accreditation team and may approve recommended Interim or Final visits.

EAB is also deemed to hold delegated authority to withhold accreditation from non-accredited qualifications and programmes, and to withdraw accreditation from any existing programmes it has previously accredited in accordance with the procedure laid down for such an action.

Detailed responsibilities of the EAB and its sub-Committees are listed in Section 8.

### 3.5. Recognition of Autonomy of Education Providers (also referred to as HEIs)

As from promulgation of the Higher Education Act (2017) in January 2020, Accreditation of engineering programmes of all HEIs, both public and private, are mandatory. That Act provides that the any programme of studies intended for its graduates to engage in a regulated profession will require to be "approved" by the body regulating that profession prior to its "accreditation" by the Higher Education Commission/Authority.

IEM respects the autonomy of education providers to design programmes to satisfy the prescribed standards, to develop teaching and learning processes to achieve the required quality standards and to deploy adequate resources to meet these goals. The applicable standard for the type of programme, viz. BEng(Hons) and BSc(Eng)(Hons), sets the minimum requirements for accreditation in terms of the outcomes to be achieved and the profile of knowledge. Education providers are accorded flexibility to construct programmes in order to meet these requirements. Once a qualification is accredited, the education provider is required to inform the EAB timeously of material changes that potentially affect

compliance with the accreditation criteria (see sections 4.5 and 5.2). This information may lead the EAB to initiate an evaluation visit.

## 3.6. Programmes Eligible for Accreditation

3.6.1   The types of programmes conforming to the standard defined in document **EAB-A02-P** may be considered for accreditation or provisional accreditation by the EAB.

An HEI offering a programme for accreditation is responsible for:

(i)     the curriculum design,

(ii)     assessing all graduate attributes (exit-level outcomes),

(iii)    managing alternate entry mechanisms (including transfer of credits, recognition of prior learning), and

(iv)    awarding the qualification.

3.6.2   It is recognised that, with the move to outcome-based specifications and an education and training system that focusses on articulation and progression, educational institutions may propose new types of programmes, combinations of programmes or new pathways designed to meet the accreditation requirements. A provider wishing to pursue such initiatives should make a full proposal for preliminary evaluation under the procedure presented in Section 5.1, showing how the new type of programme(s) intends to satisfy the accreditation criteria.

The programme to be evaluated and the qualification awarded must be identified in the HEI's rules for programmes. Each branch (discipline) of the programme and option or major within a branch that is considered by the EAB to be distinct is accredited as a separate programme.

3.6.3   All routes to obtaining the qualification and the programme variants, including those planned or being phased in and out, must be identified in the visit documentation. EAB may grant accreditation to a certain qualification obtained through a particular route or programme variant and not another.

## 3.7.  Mandatory Site Visit

Accreditation will not be granted unless a site visit supported by the prescribed documentation has taken place.

## 3.8. Obligation to Provide Evidence of Compliance with Accreditation Criteria

3.8.1 The onus to provide evidence that the accreditation criteria have been satisfied rests on the HEI requesting accreditation of the programme. Therefore, the HEI must:

(i) complete all required documentation and submit the same in the prescribed format,

(ii) make available specified material during the visit and

(iii) respond to requests for supplementary information before and during the visit.

3.8.2 Documentation, in accordance with the requirements defined in document **EAB-A12-P**: *Self-Study Documentation Requirements for Accreditation of Engineering Degree Programmes*, must be submitted to the EAB within the prescribed time before the visit. Should the documentation not be submitted timeously by the HEI, the accreditation visit may be cancelled.

3.8.3 Evidence or information supplied after the visit will not be considered by the accreditation team or the EAB.

3.8.4 Should relevant information not be provided, the team may report that certain evidence was not available and that compliance of the programme with one or more criteria could not be verified. Such a programme will be treated as deficient, and accreditation may, at best, be granted for a limited period with a revisit required.

## 4. The Accreditation Cycle

The accreditation cycle is five (5) years, that is, it can be offered for five (5) academic years from the date the Faculty is notified of its accreditation, subject to no change in academic curriculum or the delivery environment or assessment mechanisms intervening post accreditation without the EAB being informed and provided an opportunity to express its view as to the integrity of the accreditation granted to the programme. Accreditation may be granted for a shorter period (one (1) to three (3) years) to a programme that requires remediation to meet the accreditation criteria. The period of accreditation must not extend beyond the next Regular Visit.

Accreditation of a qualification and programme in a particular year means that members of the graduating class of that year are recognised as meeting the educational requirements towards registration with the CRPE.

A programme accredited, for a shorter period than the full cycle of five (5) years, with the requirement that deficiencies (defined in Section 4.4) are remedied, remains accredited and should be so described to the public, on their respective websites, by IEM and the education provider.

## 4.1. Types of Accreditation Evaluation Visits

Accreditation evaluation visits are classified into three types:

**Regular Visit**: Visit according to the accreditation cycle; five (5) years for BEng (Hons)/BSc(Eng)(Hons) programmes.

**Interim Visit**: Visit held at a time within the cycle stated by EAB in its decision on the findings of the previous visit.

**Final Visit**: Visit to a programme that was given notification of termination of accreditation by EAB after the previous visit.

A type of evaluation that may arise from a Regular Visit or an Interim Visit that does not require an on-site visit is an **Interim Report**. An Interim Report is an evaluation of the aspects of a programme as required by EAB in making a decision on the findings of the previous visit.

## 4.2. Accreditation Findings and Decisions

The decision of EAB on each programme is based on the report of the findings of the accreditation team during the visit. Findings are reported using a structure defined in document **EAB-A14-P:** *Format for Accreditation Visit Team Report and Recommendations* and address the outcomes, content, effectiveness of teaching and learning and the critical success factors that confirm the sustainability of the programme.

In the case of an Initial Evaluation (see Section 5.2), only the prose section of the report should be completed. This should, however, be comprehensive, be guided by the detailed questions and include the criteria that the Higher Education Commission (HEC) prescribed for the approval /accreditation of new programmes.

## 4.3. Responsibility for Reporting

4.3.1 The **Team Leader** for a particular programme is responsible for the quality of the report that is to be submitted to the Accreditation Committee (AC).

4.3.2 The report must clearly distinguish between

(i) matters that affect accreditation decisions and

(ii) matters identified for academic programme improvement.

The visit reports must provide sufficient detail for the AC to make informed accreditation decisions. The reports are sent, in accordance with section 4.3.4, to the HEI and must clearly indicate matters that require remediation or that relate to programme improvement.

4.3.3 Reports must not prescribe methods for addressing issues.

4.3.4 After preparation and agreement by the visit teams, the reports together with the **Visit Leader**'s report must be reviewed by a panel of three (3) Consistency Reviewers appointed by EAB. The Consistency Reviewers must:

(i) determine if the reports reflect a logically consistent judgement of the evidence against the criteria and whether recommendations on deficiencies and concerns, if any, relate to the accreditation criteria or not; and

(ii) confirm that the reports conform to the prescribed format and the writing is of adequate quality for the various audiences, which include the HEI Senior Management (Head of Faculty, Heads of Department & Academics involved in the programme), AC, EAB, and the Higher Education Authority or Commission.

4.3.5 The Consistency Reviewers may refer reports back to the Visit Leaders or Team Leaders for improvement.

4.3.6 The Consistency Reviewers must not edit the reports or make judgements on the programme(s).

## 4.4. Accreditation Decisions

Document **EAB-A03-P** defines the accreditation criteria and must be read with the relevant sections of the standard referred to in the criteria.

Every person associated with any responsibility, task or activity at the level of the EAB, the Accreditation Committee (AC), the Accreditation Visit teams, Accreditors/Evaluators, or the Appeal Boards shall adhere to IEM's code of ethics and also comply with the provisions on

confidentiality and conflict of interest in this document and in document EAB-A17: *Policy and Guidance on Conflict of Interest.* They may be required to sign a Statement on Confidentiality as well as a Declaration of no Conflict of Interest on their appointment or at the time of being assigned on an accreditation assignment. In the latter event, they may be requested to declare any interest, that they believe could arise or be perceived through their participation in the assignment, to the EAB Chair or IEM President, as may be appropriate, and withdraw from the assignment.

### 4.4.1. Terminology

Elements of the accreditation team's findings for consideration by AC are defined as:

**Deficiency**: This terminology is used to identify a condition or a combination of factors that do not conform to an accreditation criterion or criteria.

**Concern:** A matter not viewed as a deficiency but which the accreditation team considers as potentially affecting the programme's future compliance with an accreditation criterion or criteria.

**Comment**: Communicates impressions of the team to the academic unit and includes commendations, or constructive criticism on negative factors, that are not classified as deficiencies or concerns.

In terms of Section 3.8, a deficiency may be declared if the education provider fails to submit evidence required in the documentation or during the site visit to demonstrate that an accreditation criterion is satisfied.

### 4.4.2. Addressing the Accreditation Criteria

4.4.2.1 The evaluation of a programme against the accreditation criteria is embodied in a set of key questions that are presented in document **EAB-A14-P** and which address the accreditation criteria.

The visiting accreditation team is required to address the questions, to report in narrative form and to conclude with a recommendation.

In addressing **Criterion 2: *Assessment of Graduate Attributes and Assessment System***, the visiting teams should note that several sets of assessment criteria could be equally valid for each outcome. HEIs should, therefore, be accorded flexibility to use either the set of exemplar assessment criteria, if given in the standard for the particular type of

programme, or to use a fully documented set that demonstrates achievement of the learning outcome.

4.4.2.2 Two principles must be applied by visiting teams when evaluating evidence against **Criterion 2**:

- The means of assessing students against a Graduate Attribute must be robust with respect to permitted choice, for example, courses or project topics or changes in the educational environment.

- The HEI's Graduate Attribute assessment system must be transparent and fully documented.

4.4.2.3 The visiting accreditation team is required to indicate whether there are deficiencies or concerns relating to each question or not and make comments as appropriate.

### 4.4.3. Decision Rules

4.4.3.1 Decision rules D1–D9 below are guided by certain principles. A programme judged by AC, to have

- no deficiencies must be granted accreditation to the year of completion of the accreditation cycle;

- deficiencies that, after the Interim and Final visits, still compromise the graduate's educational foundation for further formation in the appropriate professional role must not be granted further accreditation; and

- deficiencies that do not compromise the graduate's educational foundation for further formation in the appropriate professional role must be granted accreditation for a period not exceeding three years. This is conditional on the education provider undertaking to improve the programme and verifying the improvements by means of an interim evaluation before the end of the period.

4.4.3.2 Accreditation decisions are made using the results of the key questions 1 to 4 in document **EAB-A14-P** and the decision rules below. These relate to **Criterion-1** (*Programme Educational Objectives and Programme Structure*), **Criterion-2** (*Assessment of Graduate Attributes and*

*Assessment System*), **Criterion-3** (*Teaching and Learning and Quality Assurance Processes*) and **Criterion-4** (*Resourcing and Sustainability*).

**4.4.4**     **In the case of a programme that produces graduates:**

**D1.**     *Any type of visit*:

- **If no deficiencies are identified**, grant accreditation until the year of the next Regular Visit.

- **Concerns that may exist** are to be addressed and the results assessed at the next visit.

- **If deficiencies are identified** via the key questions, apply the rules D2 to D7 that are appropriate to the type of visit.

**D2.**     *A Regular Visit with identified deficiencies:*

Grant accreditation for a period, not exceeding three (3) years; AC will allow the HEI time to bring about the required improvements. Select one of the mechanisms (a or b below) for verifying that the provider has remedied the deficiencies:

a)  an Interim Visit within one to three years of the original visit; or

b)  the submission of an Interim Report within 6–24 months of the original visit.

AC must adopt this measure, option (b), only if it is clear that

- the result of the remediation can be assessed objectively;

- deficiencies can be remedied within two years; and

- verification by report is appropriate.

**Concerns may exist** and are to be addressed and the results assessed at the next Regular Visit.

AC must specify in the decision letter **the sections of the documentation defined in document EAB-A12-P** that must be included in the Self-Study Report of the visit.

**D3.**     *An evaluation by Interim Report with identified deficiencies:*

This requires an Interim Visit within six (6) months of consideration of the report.

**D4.** *An evaluation by means of an Interim Visit with newly identified or previously declared deficiencies:*

This requires notice to be issued to terminate accreditation **and to conduct a Final Visit within twelve (12) months of the Interim Visit.**

**D5.** *A Final Visit with newly identified or previously declared deficiencies:*

**Withdraw accreditation.** However, decision to withdraw accreditation shall rest with the EAB to which AC shall submit its recommendation and Report. EAB shall determine whether withdrawal is to be immediate or whether accreditation extends to graduates of the current year.

**D6.** *Any visit with current or previously declared deficiencies:*

if EAB judges that **there is a demonstrable lack of commitment or capacity on the part of the education provider to address deficiencies**, issue notice to terminate accreditation.

A Final Visit is required within six months of the decision. The provider must produce a plan for teaching out or transferring students registered in the programme, **showing how the registered students of the accredited programme are provided with all the resources to finish their course within the period of the notice to terminate.**

**D7.** *A non-accredited programme already producing graduates:*

Apply the principles/rules 2 and 3 in Section 4.4.3 to decide whether to grant, to grant for a period or to withhold accreditation.

**D8.** *A programme that is new or judged to be extensively revised and has students who have attained one half of the academic credits for the programme at the time of the visit:*

If EAB, based on the Report and Recommendation of AC, judges that

(i) the qualification and programme are likely to receive accreditation if implementation continues according to documented plans and

(ii) identified deficiencies or concerns can be remedied,

Then it can grant provisional accreditation.

**D9.** *A programme in which requirements listed in D8 are not met:*

Do not grant provisional accreditation to the programme.

### 4.4.5 HEI's response in cases of decisions with identified deficiencies

In the case of decisions D2, D4, D6 and D7 (other than accredit to the next Regular Visit), the HEI must acknowledge the decision and commit to the time scale laid down for the next visit or report within two months of the date of the letter conveying the accreditation decision.

The HEI should, when acknowledging EAB's decision, submit a Quality Improvement Plan outlining measures to remedy the deficiencies identified.

### 4.4.6 In the case of a programme submitted for Initial Evaluation in terms of Section 5.1

AC must express an opinion on the planned programme taken from Opinion 1 (O1), Opinion 2 (O2) or Opinion 3 (O3), or O2 and O3 combined:

**O1:** *The planned programme as reflected in the documentation is free from deficiencies and concerns.*

**O2:** *Aspects of the planned programme as reflected in the documentation are potentially deficient in the respects listed above.*

**O3:** *Aspects of the planned programme as reflected in the documentation are cause for concern in the respects listed above.*

### 4.4.7 General requirement

For situations in which deficiencies and concerns are to be addressed, the education provider (HEI) must be given freedom by EAB to determine the way it will bring about the necessary improvements and include alternative approaches.

## 4.5. Material Change during a Period of Accreditation

4.5.1 During the period of accreditation of a programme, the HEI is required to notify EAB of the following:

- any changes to the programme that could potentially affect compliance with accreditation criteria, including changes to programme structure, content, outcomes assessed or the educational process; and

- altered conditions that could be detrimental to sustainability of the programme.

Accreditation or provisional accreditation may be reviewed if such changes take place.

4.5.2 The education provider is expected to supply EAB with all information requested. EAB, having considered the information provided, must determine a course of action within the policy and procedures.

4.5.3 When changes to the curriculum, assessment processes or key resources are planned or are in progress at the time of an accreditation visit, the changes must be identified as specified in document **EAB-A12-P**. The documentation must identify all the possible cohorts of students who will qualify under the existing and changed conditions.

If the change is considered major (more than 50% of credits affected), Section 5.2 may apply.


## 5.    Accreditation Evaluation Processes

The accreditation policy accommodates evaluation of programmes at various stages in their lifecycles as detailed in sections 5.1 to 5.7.

### 5.1.   New Programmes

#### 5.1.1. Initial Evaluation

(a)    Three mechanisms are available to accommodate programmes that are newly designed and programmes that are already producing graduates and are presented for accreditation for the first time:

**1.    Initial Evaluation:** A paper-based evaluation of a proposed programme based on comprehensive planning information. This mechanism is available to HEIs that do not have programmes accredited by EAB for at least one cycle.

**2.    Simplified Initial Evaluation:** A simplified paper-based evaluation of a proposed programme based on selected planning information. Available to HEIs that have programmes accredited by EAB for at least one cycle, i.e. accredited once for a 5-year period.

3.   **Desktop Evaluation**: A comprehensive paper-based evaluation of an existing unaccredited programme that produces graduates. May be required as a precondition to an accreditation visit in the case of providers that do not have programmes accredited by EAB but have completed one accreditation cycle, i.e, have run for 4 years and have produced at least one cohort of graduates.

(b)   **Request for Initial Information for New Programmes:**

Any HEI wishing to present a programme for accreditation by EAB in one of the above categories must apply to EAB through IEM for an evaluation. EAB will request the HEI to supply the *Initial Information* specified in document **EAB-A12-P** in accordance with the time schedule laid down for such purposes.

EAB will consider the *Initial Information* supplied and decide on the HEI's request. If EAB considers that the programme is "accreditation ready", the HEI will be directed to submit the Self-Study documentation required in accordance with the document **EAB-A12-P**.

(c)   The outcomes of the Initial or Desktop evaluations are advisory. In addition, the Desktop Evaluation indicates whether proceeding to an accreditation visit is premature or not.

### 5.1.2. Provisional Evaluation

Once a programme which satisfies a minimum of 560 ACU (accreditation credits units) has been implemented and the first group of students has completed 50% of the academic credit requirements towards the programme, the HEI should initiate an accreditation visit request with a view to attaining provisional accreditation and submit the required information. The accreditation visit should take place within six months of students attaining the required credits.

The documentation must follow the guidelines in document **EAB-A12-P**. The Provisional Evaluation is carried out as follows:

1. EAB constitutes an Accreditation Committee (AC), as described in Section 6.7 and, in consultation with the Administrator (Accreditation), selects suitable candidates to serve in the Accreditation Visit Team.

2. Administrator (Accreditation) must assemble the Accreditation Team as described in Section 6.2 to undertake an on-site visit.

3. On submission of the Accreditation Visit Report by the Accreditation Team, AC decides thereon in accordance with Section 6.7 and informs EAB of its decision.

### 5.1.3. Evaluation on Regular Visit

Once the programme has produced its first graduates, an accreditation visit must be initiated. The accreditation visit should take place within six months of students attaining the required credits. The subsequent cycle of visits may be adjusted to coincide with that of other programmes in the home faculty.

EAB may decline to accredit a programme until sufficient graduates have been produced to allow a full and valid judgement of the attainment of outcomes and assessment of sustainability.

## 5.2. Extensive Revision of Accredited Programmes

5.2.1 An HEI wishing to restructure an existing accredited programme extensively is required to inform IEM of its intentions. EAB must determine an appropriate course of action in each case in consultation with the Head of Faculty and the person responsible for the programme.

5.2.2 Some or all of the steps for new programmes described in Section 5.1 may be invoked, and the accreditation status of the programme may be reviewed. Such a revised programme may require treatment as a new programme if more than 50% of the programme is changed, or in pursuance of any Regulations made by the HEC.

## 5.3. Evaluation of Currently Accredited Programmes

5.3.1 At least twelve (12) months before the end of the period of accreditation, the Administrator (Accreditation) will remind the HEI by a letter to the Vice-Chancellor/Chief Executive, with copy to the Head of Faculty of the termination date of the current accreditation. In addition, the HEI will be advised to initiate an accreditation visit to take place during the last year of the current accreditation. Detailed steps and timelines are defined in document **EAB-A11-P:** *Procedure for arranging and conducting accreditation visits.*

5.3.2 It is highly desirable that regular visits be usually arranged to occur simultaneously for all programmes in a faculty for which accreditation is due or required.

## 5.4. Evaluation of Existing Non-accredited Programmes

An education provider may invite the IEM to conduct an evaluation of an existing programme that is not currently accredited but is producing graduates.

In such cases, EAB conducts such an evaluation in two stages:

1. If the programme has previously been refused accreditation or has had a previously awarded accreditation withdrawn, the provider must apply for approval as a new programme according to the procedure in Section 5.1.

2. The submission must describe the steps that have been taken to meet the accreditation requirements of EAB.

### 5.5. Procedure for Visits *other than Regular Visits*

The following procedure must be followed in the case of a visit other than a Regular Visit.

The Administrator (Accreditation), in consultation with EAB Chair, must determine the purpose of the visit, and request EAB to

1. constitute an *Accreditation Committee* for conducting any accreditation that may be needed, and identify suitable members of an Accreditation Team;

2. appoint a Visit Leader, Deputy Leader if required by these Rules, Team Leaders, and Teams, as described in Section 6.2; [See Section 6.3 for Deputy Leader for large or multisite visits].

3. take into account the required pre-visit documentation and on-site documentation;

4. determine the process to be followed;

5. determine the duration of the visit and set the timetable for visit activities; and

6. define the elements that must be reported on by the team as required in document **EAB-A14-P** and in this Policy Document.

### 5.6. Evaluation on the Basis of the Interim Report

When an HEI is required to submit an Interim Report on the remediation of the deficiencies of a programme, the report is assessed according to the following procedure:

1. The initial Accreditation Team is reassembled to consider the report. If it is not possible to restore the entire team, persons may be co-opted to serve on the reassembled team.

2. The Team considers the report without carrying out a site visit.

3. The Team Leader determines the detailed work plan for the Team.

4. The Team confers by teleconference or e-mail and may meet if necessary.

5. The Team prepares a report using the relevant sections regarding the format prescribed in document **EAB-A14-P** and inserting the findings from the evaluation of the provider's report.

6. The report is presented to AC and EAB following the normal procedure.

Detailed steps and timelines are defined in document **EAB-A11-P.**

## 5.7. Expiry of Period of Accreditation

5.7.1 It is expected that HEIs which have programmes coming to expiry of their respective accreditation will request EAB in a timely manner to reaccredit their programmes. Notwithstanding, Administrator (Accreditation) will, as provided for in Section 5.3.1, issue a Notice to the HEI advising the latter of the impending expiry.

5.7.2 Should a provider not initiate an accreditation visit in time to allow the evaluation process for any specific programme to be completed, accreditation shall terminate at the end of the period stated in the decision letter issued in respect of that specific programme, and so recorded in the list of accredited programmes for the type of programme. Administrator (Accreditation) shall inform EAB of the occurrence for authority to issue a *Letter of Termination of Accreditation* of the relevant programme. Further action as under 5.7.4 will ensue.

5.7.3 Provisional accreditation will expire at the end of the period unless extended or converted to accreditation as a result of an accreditation visit.

5.7.4 When accreditation or provisional accreditation expires, the Administrator (Accreditation) must compile a Statement highlighting all steps taken by IEM and EAB to show that IEM and EAB have taken all reasonable measures to initiate the evaluation and that failure to arrange a visit is a consequence of the education provider's wishes, refusal or default. Expiry of accreditation without an evaluation visit must be reported to the EAB which will determine the course of any further action. Such a decision must also be reported to IEM, the Educational Authorities as well as the CRPE.

## 5.8. Programmes Delivered at Multiple Sites

5.8.1 An education provider offering programmes with pathways at more than one site must indicate the following at the initial stage of setting up the visits:

- the sites of delivery;

- programmes delivered at each site;

- persons responsible for the programmes and sites; and

- the ways that the pathways are designated and identified on the qualification certificate and academic transcript.

5.8.2 In the case of an identically designated programme that is offered at more than one site, accreditation visits must be carried out at every site, and the accreditation team(s) must report and make recommendations on the programme at each site individually. If the education provider identifies the site of delivery on the qualification certificate or transcript, a separate accreditation decision must be made on each site by EAB. The decision may differ from site to site.

5.8.3 If the education provider does not identify the site of delivery on the qualification certificate or transcript, a single accreditation decision must be made that is applicable to all sites. The decision to accredit or to accredit for a period will be based on all sites at least meeting the conditions that warrant the decision. The decision appropriate to the worst site applies to all sites.

## 5.9. Distance Education Programmes

Distance education programmes must satisfy all accreditation criteria. When evaluating the programme against Criterion 3: *Teaching and Learning and the Quality Assurance Processes*, the accreditation team must consider

- the effectiveness of the distance delivery platform;

- whether there is adequate and effective face-to-face learning support or not; and

- whether the provider takes full responsibility or not for quality assurance of the programme, including activities at remote sites.

## 6. The Accreditation Team

The following types of evaluators are involved in the accreditation process:

- Visit Leader: the person appointed to lead a multi-team visit.

- Deputy Visit Leader: the person appointed to assist the Visit Leader with the effective management of the visit in the case of a visit with multi-programmes and/or a multisite visit.

- Team Leader: the person appointed to lead the programme accreditation team.

- Team Member: a person appointed into a programme accreditation team.

## 6.1. Registration of Programme Evaluators

(I) EAB must ensure that sufficient evaluators are available for programme accreditations for the following three years.

(ii) EAB in conjunction with the Administrator (Accreditation) must ensure that sufficient Visit Leaders and Team Leaders are identified for anticipated visits over the subsequent three years.

(iii) Accreditation teams comprise individuals who are listed as Programme Evaluators.

(iv) Administrator (Accreditation) is required to maintain a list of accreditation assessors/evaluators for all programmes. Identified persons may serve as Visit Leaders (VL), Team Leaders (TL), Team Members (TM) or Observers, providing they do not have a relationship with the education provider concerned to the extent that their judgement may be unduly influenced by the relationship (e.g. staff, members of the provider's advisory committee(s), external examiners or moderators).

### 6.1.1. Visit Leaders

An individual on the list of evaluators who has experience as a Team Leader may be identified by the Administrator (Accreditation), in consultation with the EAB Chair and be designated a Visit Leader, providing the individual satisfies the following criteria:

- Either holds the status of Chartered Engineer or Professional Engineer with an institution signatory to the Washington Accord, or is registered as a Registered Professional Engineer with CRPE or is a Senior academic with recognised experience of at least 4 years of industry exposure acquired through provision of engineering consultancy or in an engineering capacity;

- Has experience of at least three accreditation visits with at least one as a Team Leader or at least once as Deputy Visit Leader;

- Has been identified by the Administrator (Accreditation) and ratified by the EAB as a potential Visit Leader;

- Has completed the initial mandatory training in accreditation;

- Attends refresher training.

### 6.1.2. Deputy Visit Leaders

An individual on the list of evaluators who has experience as a Team Leader may be identified by the Administrator (Accreditation) in consultation with the EAB Chair and be designated a Deputy Visit Leader, providing the individual satisfies the following criteria:

- Either holds the status of Chartered Engineer or Professional Engineer with an institution signatory to the Washington Accord, or is registered as a Registered Professional Engineer with CRPE or is a Senior academic with recognised experience of at least 4 years of industry exposure acquired through provision of engineering consultancy or in an engineering capacity;

- Has experience of leading an Evaluation Team as a Team Leader;

- Has been identified by the Administrator (Accreditation) and ratified by the EAB as a potential Deputy Visit Leader;

- Has completed the initial mandatory training in accreditation;

- Attends refresher training.

### 6.1.3. Team Leaders

An individual on the list of evaluators who has experience as a Team Member may be identified by the Administrator (Accreditation) in consultation with the EAB Chair and be designated as a Team Leader, providing the individual satisfies the following criteria:

- Either holds the status of Chartered Engineer or Professional Engineer with an institution signatory to the Washington Accord, or is registered as a Registered Professional Engineer with CRPE or is a Senior academic with recognised

experience of at least 4 years of industry exposure acquired through provision of engineering consultancy or in an engineering capacity;

- Has experience of at least two accreditation visits as a Team Member;

- Has been identified by the Administrator (Accreditation), Visit Leaders and Team Leaders and ratified by the EAB as a potential Team Leader;

- Has completed the initial mandatory training in accreditation, and

- Has attended refresher training.

### 6.1.4. Team Members

An individual on the list of evaluators may be identified by the Administrator (Accreditation) in consultation with the EAB Chair and be designated a Team Member, providing the individual satisfies the following criteria:

- Either holds the status of Chartered Engineer or Professional Engineer with an institution signatory to the Washington Accord, or is registered as a Registered Professional Engineer with CRPE or is a Senior academic with recognised experience of at least 2 years of industry exposure acquired through provision of engineering consultancy or in an engineering capacity. Has completed the initial mandatory training in the method of accreditation;

- Has undergone the training programmes prescribed for potential accreditors;

- Has attended refresher training sessions.

The Administrator (Accreditation) must ensure a representative composition in terms of diversity, experience, discipline and competency.

## 6.2. Composition of the Accreditation Team

An accreditation team is appointed for each identified programme, pathway or distinct option that is to be evaluated.

6.2.1. The accreditation team that evaluates a programme must be represented as follows:

- EAB will play an oversight role in the selection of the accreditation teams.

- In consultation with the EAB Chair, the Administrator (Accreditation) will select and appoint Visit Leaders and Deputy Visit Leaders.

- In consultation with the Visit Leaders and the Deputy Visit Leaders, the Administrator (Accreditation) will select and appoint Team Leaders.

- In consultation with the Visit Leader, Deputy Visit Leader and Team Leaders, Administrator (Accreditation) will select, and appoint Team Members.

- Where necessary, the Administrator (Accreditation) in consultation with the Visit Leader, Deputy Visit Leader and Team Leader will co-opt competent persons to fill vacancies as required.

- The Administrator (Accreditation) will inform AC of the composition of the various Teams and their Leaders.

6.2.2.  The Team must have no less than three (and usually no more than four) members and must comprise no less than one academic and no less than one member who is currently active in the industry or is a professional in the discipline of the programme being evaluated.

6.2.3.  Where two or more programmes are evaluated simultaneously and are judged by EAB to have significant overlap in engineering content, the teams may have common membership, providing there is a minimum of three (3) members per programme; the following conditions should also be satisfied:

1.  The team members' individual specialities should be dispersed as evenly as possible across the sub-disciplines of the programme under evaluation.

2.  Notwithstanding the provisions of Section 6.1.4, all team members must be registered as evaluators with the EAB for the type of programme, except for one member who may not yet be registered as an evaluator but must have attended training and also attended an accreditation assignment as an Observer in the Team.

3.  Where the circumstances so require, the Administrator (Accreditation), after consulting the EAB Chair, appoint one member of the team who is not a registered evaluator as

    - a regional evaluator in terms of Section 11 of this policy document;

    - a programme evaluator in a jurisdiction that is a signatory to the relevant mutual recognition agreement; or

- an engineering education expert recognised by EAB, provided the latter is not the sole academic.

4. The Team Leader may, subject to the provision in sub-section (6) here after designate a Team Member as rapporteur, but the Team Leader retains final responsibility for the report.

5. The Team must not have more than four members for a single programme.

6. Where EAB considers it necessary, one member of the team, who is not a registered evaluator, may be appointed provided he/she is either a person who is a programme evaluator in a jurisdiction that is a signatory to the relevant mutual recognition agreement or is an engineering education expert provided that the latter may not be the sole academic in the Team.

## 6.3. Process for Appointing Teams

Most visits require several teams for the programmes on offer. The Administrator (Accreditation), in consultation with EAB Chair, appoints Visit Leaders, Team Leaders and Team Members through the process defined in Section 6.2 and using the timelines defined in document **EAB-A11-P.**

- In the case of a visit with five (5) or more programmes or a multisite visit, persons qualified to be Visit Leaders may be appointed as Deputy Visit Leaders as required for effective management of the visit. The Visit Leader must assign responsibilities to the Deputy Leader(s) but retains overall responsibility of the Visit Leader functions.

- Names of the proposed Team Members are submitted to the Head of Faculty to ensure that no conflict of interest exists for any Team Member in accordance with timelines defined in the above document.

- The Administrator (Accreditation) and the Visit Leaders, in consultation with the EAB Chair will deal with contingencies arising in this process.

During the phasing in of the outcome-based criteria and associated accreditation procedures, EAB in consultation with the EAB Chair may appoint a Facilitator to assist the Visit Leader and Team Leaders in procedural matters and in interpretation of the criteria.

## 6.4. Visit Leader's Responsibilities

A Visit Leader accompanies a multi-team visit. In accepting the appointment, a Visit Leader commits to the following duties:

1. Finalising the team membership in consultation with EAB Chair and Administrator (Accreditation).

2. Finalising the visit timetable in consultation with the Administrator (Accreditation).

3. Pre-visit liaising with Team Leaders to ensure teams are fully prepared for the visit.

4. General co-ordinating and problem-solving during the visit and liaising between teams on mutual interests.

5. Courtesy/accreditation business visits with executive officers of the provider.

6. Meeting with student leadership.

7. Assisting Team Leaders to produce consistent recommendations across teams and across visits.

8. Ensuring that team reports are complete, consistent and contain fully justified conclusions, particularly when conclusions are negative or critical.

9. Presenting reports to the Accreditation Committee and as may be required to EAB meeting.

10. Checking the decision letters.

11. Evaluating the accreditation process and the performance rating of Team Leaders post visit.

12. Identifying Team Leaders to be trained in the future as potential Visit Leaders.

## 6.5. Team Leader's Responsibilities

In accepting the appointment, a Team Leader commits to perform the following duties:

1. Assist with the identification of Team Members if such a need arises.

2. Read the documentation fully before the visit in order to identify issues that require investigation and instances where additional information is required.

3. Communicate with Team Members regarding issues and information requirements that they have identified. Collate issues and information requirements. Communicate information requirements to the person responsible for the programme. Maintain a record of these actions.

4. During the visit, ensure that all necessary information to support the team's findings and recommendations is collected and verified.

5. Allocate duties to Team Members.

6. Ensure that all deficiencies and concerns are communicated to the Head of Department during the visit.

7. Ensure that the draft report is written by the end of the visit.

8. Ensure that the Final Report is produced, approved by the Team, signed and checked for consistency by the Visit Leader and submitted to the Administrator (Accreditation) through the Visit Leader.

9. Identify potential Team Leaders for training for future visits.

## 6.6. Team Member's Responsibilities

In accepting the appointment, a Team Member commits to perform the following duties:

1. Before the visit, read the documentation fully in order to identify issues that require investigation and instances where additional information is required.

2. Identify points lacking information for further investigation.

3. Be present for the entire visit.

4. Perform duties assigned by the Team Leader.

5. Conduct/participate in staff and student interviews.

6. Scrutinise on-site documentation.

7. Contribute to the first draft (Draft 1) Report and Recommendation.

8. After the visit, work with the Team Leader to produce the second draft (Draft 2) of the Report.

9. After the visit, work with the Team Leader to produce the agreed Final Report.

## 6.7. Composition of the Accreditation Committee.

6.7.1 The "Accreditation Committee" (AC) is a Committee set up by EAB, comprising a minimum of five (5) EAB members and not exceeding 7, which will be tasked to receive, consider and decide on the Accreditation Report submitted by the

Accreditation Teams, including withholding accreditation, *but not withdrawal of accreditation*, which shall be the responsibility of the EAB.

6.7.2 The Accreditation Committee shall not comprise any member who may be or can be perceived to be in a situation of conflict of interest either because of his/her current contractual engagement with the HEI or during the past five years.

6.7.3 Subject to sub-Section 6.7.8, the Accreditation Committee must comprise at least two (2) members who are Academics, with one being qualified in the discipline of the programme under accreditation or with considerable overlap to do justice to the assignment, and at least two professional engineers from within the same discipline or considerable overlap.

6.7.4 The other members of the Accreditation Committee must be professional engineers or academics whose teaching or research and professional practice areas have a fair degree of overlap or interface with the discipline of engineering under accreditation. Their academic and professional background should be of a nature to enable them to appreciate and understand the contents and substance of the Report presented by the Head of the Accreditation Team (Visit Leader, Deputy Visit Leader, Team Chair) to arrive at an informed and critical decision based on both the Accreditation Report as well as the presentation of the same by the Head of the Team.

6.7.5 The Accreditation Committee must decide on the acceptability of the Team's findings, conclusions, or Recommendations, or decisions as the case may be, based on the Team's examination and scrutiny of documents and evidences supplied by the HEI and seen during its visit, and to their compliance and conformity with EAB's accreditation standards and criteria, as well as the objectivity, consistency and accuracy that is reflected in the Accreditation Team's Report, in its interpretation of EAB's accreditation standards and criteria.

6.7.6 The Accreditation Committee must decide on the judiciousness or otherwise of accepting the Report and its conclusions.

6.7.7 The procedure outlined in this Section shall apply whenever a need arises to consider the grant, renewal or review of the accreditation of an engineering programme, including provisional accreditation. EAB Chair shall, after the Accreditation Committee and the Evaluation Visit Teams are duly constituted in accordance with the procedures spelt out in this Section, assign responsibility to the Team:

(i) to scrutinize and examine the documentation, including the Self-Study/Assessment Report and/or Interim Report, submitted by the HEI, as well as all

evidence made available to the Evaluation Visit Team on the premises of the HEI, for conformity with the requirements spelt out in document **EAB-A12** and the associated formats included in document **EAB-A13**.

(ii) to conduct an evaluation, in accordance with the EAB procedures spelt out in document **EAB-A11**, of compliance of the programme with the criteria and other requirements for an accredited engineering degree programme, and submit its Report and Recommendations to the Accreditation Committee. If applicable, a Visit Leader's Report shall be drafted and finalised in accordance with document **EAB-A15**: *Visit Leader's Report Format*.

6.7.8 The EAB must co-opt additional members as necessary, including guest members from other Washington Accord Signatories, to ensure the following criteria are met:

- There is no less than one academic and no less than two (2) members who are currently active in the industry or working professionally in the category of the programme being accredited, in any Accreditation Visit Team.

- The co-opted member(s) must meet the criteria of an Accreditation Visit Team Leader as defined in Section 6.1.3.


## 7. Policy on Observers at Accreditation Visits and EAB Meetings

### 7.1. Accreditation Visits

Observation of accreditation visits and EAB meetings plays an important part in validating and improving the processes of the EAB and informing interested parties about its practices. EAB expects that, on upon completion of its capacity building endeavour, it should have a well-developed accreditation system for engineering programmes, the EAB shall be in a position to assist bodies who are developing accreditation systems. Subject to suitable arrangements being concluded, the EAB welcomes observers from interested parties to attend accreditation visits. Potential observers include:

- International observers;

- Representatives of related standards and quality assurance bodies; and

- Persons approved by EAB.

**Observers at accreditation visits are bound by the following rules:**

Participation as an observer may be initiated by the EAB or any approved organisation.

- The observer must be disclosed to the institution whose programmes are being accredited in order to identify actual or potential conflict of interest that will disqualify the observer.

- The observer may not communicate directly with the institution before or after the visit on matters relating to the visit. Communication should only be directed to the Administrator (Accreditation).

- Observers are expected to be present for the full duration of the visit, including the evening team meetings. Observers may be present at all accreditation team activities, including closed team meetings.

- Observers are supplied with relevant EAB documents on standards and procedures and general visit documentation when requested.

- During the investigation phase of the visit, observers should be present at interviews with staff and students. Observers may not independently pose questions to staff and students.

- Observers are free to contribute to the discussion in closed team meetings.

- An observer may not influence the team recommendation. Observers should be present during the formulation of the team report and recommendation and may only contribute to the recommendation if the contribution does not influence the team's final decision.

- During the visit, the observer will follow a programme of activities that has been agreed upon by the Visit Leader and affected Team Leaders. Definition of and ruling on limitations of an observer's activities while on the visit is the sole prerogative of the Visit Leader, except in the case of a monitoring visit.

## 7.2. EAB Meetings

Observers at EAB meetings may, with the Chair's approval, participate in the discussion if their objective is to contribute their expertise and knowledge to the discussion. Observers may be present at all phases of the meeting but must not influence the committee's final decisions.

### 7.3. General Requirements for Both Accreditation Visits and EAB Meetings

The general requirements are presented below:

- Observers are expected to treat documentation and verbal information gained on a visit or at a meeting as confidential and not to release such information to another party without the consent of the EAB and the institution.

- Observers are expected to present a short report to the EAB on their impressions of the visit. Should the report be marked confidential, it shall be treated as such by the EAB.

- Observer organisations are expected to meet all costs of their participation unless this requirement is waived by the IEM.

- Observers from jurisdictions which are subject to VISA requirements on arrival should initiate their procedures for obtention of the same; IEM shall extend such assistance as shall be within its authority.

### 8. Duties and Functions of the EAB and Administrator (Accreditation)

### 8.1. EAB Functions

The obligations of the EAB are set out in the Constitution of the IEM as well as in the Governance Manual approved by the IEM for the EAB. EAB will also discharge the following responsibilities:

(a) to operate within the framework of the IEM's Standing Orders for IEM Council and its Committees;

(b) to ensure sufficient capacity is available in respect of the list of persons acting as Visit Leaders, Team Leaders and Team Members;

(c) to keep the IEM Council informed of decisions taken in terms of these delegated powers and to report on trends or other matters of professional and public concern arising from its activities;

(d) to grant accreditation for a defined period and provisional accreditation to programmes after consideration of the full report from the accreditation team and to approve recommended Interim or Final visits;

(e) to withhold accreditation from non-accredited qualifications and programmes and to withdraw accreditation from non-compliant existing programmes;

(f) to approve accreditation visit schedules, reporting deadlines and dates of the EAB meetings; and

(g) to recommend reviews as necessary to ensure that the accreditation standards of the EAB are substantially equivalent to those of accrediting bodies with whom the IEM has entered into a mutual recognition agreement.

(h) to appoint one or more ACs, as and when a requirement arises, and delegate to it such responsibilities and assign such tasks as it deems necessary and expedient, other than withdrawal of accreditation from any HEI for which purpose the AC shall furnish such information as may be required for a decision.

## 8.2. Administrator (Accreditation)

**8.2.1** The Administrator (Accreditation) (AA) shall, for the purposes of this Section, mean the person so designated by IEM to administer EAB, in consultation with the EAB Chair or in the absence of the latter the Deputy Chair.

In the discharge of the duties under Section 8.2.2, the AA shall consult and obtain the approval of the EAB Chair in respect of appointment of observers and selection of Programme Assessors for the Accreditation Teams, including Team Leaders and Accreditation Visit Chair, as well as their replacement if and when necessary.

Where the AA is required to consult the EAB Chair in respect of the selection and appointment of members of an Accreditation Visiting Team for the programme of any specific HEI, and that the Chair declares an interest or agrees that a perception of conflict of interest may be perceived in his involvement, AA shall consult the Deputy Chair, and if conflict prevails the AA shall act on the advice of the IEM President.

8.2.2 The obligations of the Administrator (Accreditation) are:

- To maintain an updated Register of Evaluators, showing the academic and professional qualifications and experience as well as all the training, including retraining they have been given for such tasks and the dates of their training

- On receipt of any request for accreditation of any type from an HEI, to apprise the EAB of the specific HEI, the nature of programme concerned and the type of

accreditation sought, and in consultation with the EAB Chair to identify suitable persons from among the EAB members to serve on the Accreditation Committee.

- to draw up a preliminary accreditation visit schedule for approval by the EAB;

- to approve attendance of observers;

- to appoint the relevant accreditation teams;

- to keep the Higher Education Commission informed of accreditation activities and decisions, as may be required by that authority;

- to deal with all administrative requirements pertaining to visits;

- to consult with the EAB Chair and relevant role players for purposes of identifying potential assessors/evaluators; and

- to issue a list of programmes accredited by EAB and to update the list as accreditation decisions are made.

- to compile an Annual Report and such other Reports as may be required for Council of IEM.

- To maintain and update EAB Records and Documentation, including exchange of correspondence, with soft copies as backup, or as otherwise approved by IEM.

8.2.3 AA shall attend and service all meetings of the EAB, AC and other EAB subcommittees but shall not be considered a member of any of these instruments, except if a conflict is perceived, in which case a suitable replacement shall be provided by IEM.

8.2.4 AA, or the person discharging AA's functions, shall be subject to confidentiality provisions of this Document in relation to any documentation and evidence to which the AA or that person will gain access by virtue of holding the AA's functions.

## 9. Transparency, Confidentiality and Publication of Decisions

The accreditation process requires confidentiality in certain aspects and transparency in others. This section describes the approach adopted by the EAB to achieve the correct balance between transparency and confidentiality.

### 9.1. Confidentiality

Besides reflecting the outcome of each accreditation evaluation in the list of recognised programmes, the EAB as well as the evaluators concerned with an assignment shall not

divulge details of investigations, documentation, correspondence or discussions between the EAB, the accreditation team and the education provider concerned, without the approval of the education provider concerned. From time to time, and on request, the IEM may supply team and visit leader reports to the Higher Education Commission/Authority and to the Council of Registered Professional Engineers (CRPE) in terms of agreements that are in force.

Reports may be supplied to co-signatories of international accords to which the IEM is a signatory in the course of reviews of the EAB accreditation system, when such is deemed necessary.

## 9.2. List of Accredited Programmes

9.2.1 IEM shall publish document **EAB-20-P: *Accredited Programmes Meeting the CRPE Stage-1 Requirements*** containing a list of engineering degree programmes which have been accredited by the EAB, as well as their dates of accreditation. IEM may also insert any remark or observation regarding:

(i)  recognition of the accredited degrees by other members of the Washington Accord, and

(ii)  by the local regulatory body.

9.2.2 After each set of accreditation decisions, the Administrator (Accreditation) shall, on behalf of IEM Council, update document **EAB-A20-P**. The document shall record the initial and the final year of the accreditation period(s).

9.2.3  In the case of a programme that is no longer accredited, the previous period(s) of accreditation are shown. Provisionally accredited programmes are also identified in the list.

9.2.4 The list of accredited programmes indicates the qualification title and branch and the discipline of the qualification. In addition, where the qualification may be attained by different pathways, the entry will specify the pathway(s) to which the accreditation applies.

9.2.5 Dates of validity of accreditation are specified in month/year format and except in the case of summary withdrawal of accreditation, dates demarcate academic years or semesters, depending on the arrangement of the programme. Dates of validity of accreditation of each programme refer to the academic year in which the individual completes the requirements to graduate and includes re-examination without re-

registration early in the following year. The last year of registration of a graduate must be established from the academic transcript.

### 9.3. Information to Students in Education Provider's Programmes

HEIs (Education providers) are expected to inform the students in each programme of the current accreditation status of the qualification. In the case of a new programme, the HEI must keep the student body appraised before and after the provisional accreditation visit and before and after the actual accreditation visit.

HEIs are encouraged to publicise the fact that their programmes are accredited by the IEM. Provisional accreditation status must be clearly stated.

In the event of withdrawal of accreditation or refusal of accreditation after provisional accreditation, graduates desiring registration for engaging in professional practice, may enquire directly from the CRPE as to the status of their qualification. The HEI is expected to deal with all other consequences of the programme not being accredited.

### 9.4. Ensuring Fairness in Accreditation Reporting and Decisions

The EAB requires the following minimum set of measures to ensure fairness and adequate transparency in reporting the visit findings:

(1) Evaluation of the programme must be performed using the accreditation criteria defined in document **EAB-A03-P** and read with the relevant standard and the reporting format defined in document **EAB-A14-P**.

(2) Identified or potential deficiencies, concerns, comments and constructive criticism must be raised with the Head of Department and relevant staff members at the interviews during the visit.

(3) The visiting accreditation team must prepare a complete first draft report (DRAFT-1) and apprise the Head of Department of its contents by the close of the visit.

(4) The Team Leader must prepare a second draft report (DRAFT-2) in consultation with Team Members to obtain mutual agreement, and thereafter submit it to the Consistency Review Committee for action as per Section 4.3.4.

(5) The consistency review mechanism described in Section 4.3, which strives for consistency of judgement and reporting across visits and teams, must be implemented.

(6) The agreed second draft report (DRAFT-2-Rev) and recommendations of the accreditation team must be submitted to the Head of the Faculty for comment by an agreed date after the visit. The principal objective is to ensure that the report is free of factual errors. The Head of the Faculty may respond to the findings and recommendations. No new information or description of remedial measures may be submitted at this stage.

(7) In the case of the Head of the Faculty raising matters of fact or responses to the decisions, the Team Leader must, in consultation with Team Members and the Visit Leader, consider the matters raised and if necessary, amend the report.

(8) The Final Report must then be prepared and approved on behalf of the Team by the Team Leader.

(9) The report(s) on the programme(s) together with the Visit Leader's report must be circulated to the EAB members prior to the meeting at which the reports are considered.

(10) The Head of the Faculty to which the report refers is entitled to be present at the meeting of the EAB while the reports are being presented. The Head of the Faculty may answer questions from the Committee and make representations to the Committee as deemed necessary. The Head of the Faculty is excused from the meeting by the Committee at the stage when the Committee is ready to deliberate and decide on the matter.

(11) In its deliberations, the EAB must take into account any unresolved matters raised by Head of the Faculty, both in response to the second draft report and at the meeting.

(12) The EAB Chair must inform the HEI of the decision(s) via a letter to the Vice-Chancellor/Director and copied to the Head of the Faculty. Deficiencies and concerns as applicable to each decision must be clearly indicated in the letter. The decision letter must stipulate the requirement to notify the EAB of material change during the period of accreditation and the obligation on the provider to inform students of the accreditation status of the programme. The Visit Leader Report and individual team reports must be attached to the decision letter.

## 9.5. Appeals

Document **EAB-A16:** *Procedure for Appeal/Review against Accreditation Decisions* defines the procedure to be followed to appeal a decision of EAB.

## 9.6. Formative aspects of accreditation

9.6.1 While the Accreditation Committee and EAB have a duty to the profession and the public to recommend withholding accreditation from qualifications and programmes that do not satisfy the stated outcomes, there is a complementary duty to encourage programmes that are deficient to improve and attain accredited status.

9.6.2 Interim Visits and Interim Reports in the accreditation cycle provide the opportunity for HEIs to respond to deficiencies identified by the Team. Accreditation Teams may also identify areas of concern as part of the formative process. EAB, therefore, requires accreditation teams to formulate their reports in a firm but constructive way, particularly where deficiencies and concerns are identified.

9.6.3 The formative process cannot, however, continue indefinitely, and if deficiencies persist or new deficiencies are identified at a Final Visit, accreditation must be withdrawn. Similarly, if there is clear evidence that a provider lacks the commitment or the capacity to remedy deficiencies within a specified period not exceeding three years, accreditation must be withdrawn.

## 9.7. Assistance to HEIs

The EAB is prepared to offer general assistance to education providers on the standards and procedures for accrediting engineering programmes, for example, in the form of workshops and briefings. EAB cannot, however, offer detailed advice on issues relating to particular programmes except for issues that arise from the processes described in this and related documents. EAB does not recommend or prescribe approaches to address specific deficiencies and concerns for programme improvement.

## 10. Costs

From time to time, EAB determines the accreditation fees per programme based on average costs levied for conducting accreditation visits within Mauritius. In addition, the HEI is expected to bear the costs of transport, documentation, on-campus meals and refreshments during the visit, as well as the costs incurred in bringing over an external assessor/evaluator, viz a person registered as such with an overseas Washington Accord signatory where the presence of such a person is deemed necessary by EAB.

## 11. Policy Variations for Transnational Accreditation Visits

11.1 In a state belonging to the Southern African Development Community (SADC) or the Southern African Federation of Engineering Organisations (SAFEO), the IEM may, after attaining Washington Accord Signatory status, upon request from an appropriate party defined in Sections 11.4 and 11.5 below and after concluding an appropriate agreement, conduct accreditation visits in that territory, subject to the Rule and Procedures of the International Engineering Alliance. A request for accreditation beyond SADC or SAFEO must be referred for approval to IEM Council and other stakeholders who may be concerned before entering into an agreement to conduct such visits. This must be in conjunction with an evaluation of the merits and risks of such an arrangement by the Administrator (Accreditation) in consultation with EAB Chair.

11.2 The policy, standards and process for transnational accreditation visits are as defined in the present document.

11.3 IEM must observe the sovereignty of the jurisdiction in which the programme is delivered and ensure compliance with the legal and regulatory requirements of the jurisdiction.

11.4 Appropriate parties that may request regional accreditation visits include a group of universities or a single university and the authoritative local engineering body, which may be a regulatory or a voluntary body.

11.5 Requests to conduct accreditation activities at one or more HEIs should be supported by the authoritative local engineering body if present. The local engineering body will be expected to participate in the visit process by

    (i)    providing observer(s) at accreditation visits, subject to the policy on observers in Section 7; and

    (ii)    identifying persons who meet the requirements to qualify as regional members of accreditation teams as defined in items 7 to 9 below.

11.6 Requests to conduct accreditation of programmes offered in regional states will be considered only for programmes that are producing graduates in the first instance. Once an HEI has programmes accredited by EAB, the Initial Evaluation and the Provisional Accreditation mechanism defined in Section 3.2 of this document may be invoked for new programmes.

11.7 The following applies in lieu of Section 6.1.1. To qualify as a regional evaluator, a person must:

    (i)    be registered with a body recognised by the IEM for this purpose in the category of Professional Engineers.

(ii)     have post-registration experience in relevant practice or in an academic or research position for three years;

(iii)    have completed training in the method of accreditation as prescribed by EAB; and

(iv)    have attended further training in the event of a major change in policy or practice.

11.8 Regional evaluators may progress to Visit Leader and Team Leader status, as stated in sections 6.1.1 and 6.1.3.

11.9 The following applies in lieu of Section 6.2.3, clause 6. In the case of regional accreditation visits, two members of the team may be regional members, providing the other team composition requirements in Section 6.2 are satisfied.

11.10 On first receiving a request to evaluate a programme or programmes in a regional state, EAB should offer the university or universities and the local engineering body an Accreditation Training Workshop for all staff and members involved. Such workshops will also be offered to HEIs in Mauritius and, on request, to the CRPE.

11.12 EAB should then request the university to submit self-study documents as required by document **EAB-12-P**.

11.13 Following the process defined in document **EAB-11-P**, a Desktop Evaluation is carried out, culminating in a report to the EAB. The report is as defined in document **EAB-14-P**, but accreditation recommendations are not made. EAB may indicate that an accreditation visit may be premature.

11.14 In the absence of an indication that the visit may be premature, the HEI may request EAB to carry out accreditation for particular programmes.

11.15 Cost recovery for transnational accreditation visits is based on actual costs of the visit.
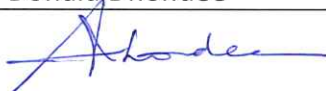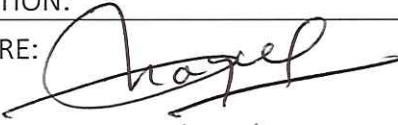

## 12.    Document Revision History

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| 17-09-2018 | Drafting Group appointed at EAB Meeting No 2 | JS Daliah, A Peermamode, G Parsan | |
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