

ENGINEERING COUNCIL OF SOUTH AFRICA <i>Standards and Procedures System</i>		 E C S A
Policy on Accreditation of Engineering Programmes Meeting Stage 1 Requirements		
Status: Approved by Council		
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1. Purpose

This document defines the policy of the ECSA Council governing the accreditation process for programmes meeting Stage 1 requirements toward registration in ECSA's professional categories. These programmes are currently:

- BSc(Eng)/BEng programmes meeting Stage 1 requirements toward registration as a Professional Engineer;
- BTech programmes meeting Stage 1 requirements toward registration as a Professional Engineering Technologist; and
- National Diploma programmes meeting Stage 1 requirements toward registration as a Professional Engineering Technician.

The document is structured as follows:

Section 3 introduces accreditation, its purpose and the types of programme and diploma programmes considered for accreditation.

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

Section 5 states ECSA policy on processes for accreditation of programme at various stages in their lifecycles.

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

Section 7 defines the responsibilities of the Accreditation Committee(s).

Section 8 states ECSA's policy on ensuring fairness of accreditation decisions, publishing accreditation decisions and confidentiality of the process.

Section 9 states ECSA's policy on cost recovery.

2. Related Documents

Document E-01-P lists the documents defining the accreditation system, together with definitions of terms used with particular meaning.

3. Accreditation and Provisional Accreditation

3.1 Accreditation

Within this policy, *Accreditation* signifies formal recognition by ECSA, through a quality assurance procedure, that an education programme meets accreditation criteria laid down for the type of programme. The types of programmes accredited and the categories to which they are relevant are listed in Schedule 1. The Accreditation Criteria for all types of programmes are defined in document E-03-P.

Accreditation of the programme means that the programme is judged to satisfy the prescribed criteria and is able to continue to produce graduates who meet the outcomes criteria for a defined period of up to five years. Should a programme not satisfy all criteria but evidence exists of commitment and capacity on the part of the provider to achieve full compliance within a stated time, the programme may be accredited for a period not exceeding three years.

Accreditation is granted by ECSA to an engineering programme and to the qualification awarded. For the purposes of section 19(2)(b)(i) of the Engineering Profession Act, the examinations and other forms of assessment of exit level outcomes are accredited as satisfying the required outcomes for the category.

An accredited qualification fulfils the requirements for a person to register as a candidate in the relevant category under section 19(2)(b)(i) of the Act. An accredited qualification meets the educational requirements towards registration as a professional in the relevant category. Graduates may also enjoy recognition in other jurisdictions under mutual recognition agreements.

Schedule 1: Types of programmes considered for accreditation

Type of Programme	Provides eligibility for registration in Candidate Category shown	Meets educational requirements toward registration in Professional Category shown
BSc(Eng) or BEng	Candidate Engineer	Professional Engineer
BTech	Candidate Engineering Technologist	Professional Engineering Technologist
National Diploma	Candidate Engineering Technician	Professional Engineering Technician

3.2 Provisional Accreditation

Provisional Accreditation is a form of accreditation that may be awarded to a new or extensively revised programme, through a quality assurance process shortly after the stage when students have completed half the required academic credits. Provisional accreditation may be awarded to a programme of a type listed in Schedule 1 having at least 360 SAQA credits. The criteria for provisional accreditation are defined in document E-03-P.

Provisional accreditation indicates to the provider and the students in the programme that those parts of the programme already implemented are generally consistent with applicable criteria and that, if the remainder of the programme is implemented as planned, and identified deficiencies and concerns are addressed, the qualification is likely to be accredited. ECSA gives no commitment to accredit the qualification at this stage.

Provisional accreditation is granted for a maximum period of three years. Provisional accreditation may be converted to accreditation of the qualification and programme by means of an evaluation visit which must take place in the year after the first graduates have been produced. Thereafter regular accreditation visits take place as scheduled for the provider.

Graduates meeting the requirements for the programme during the period of provisional accreditation are granted recognition retrospectively by ECSA when the programme is accredited. Should a programme which 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.

The procedure for provisional accreditation evaluation is defined in section 5.1, step 2.

3.3 New Programmes

ECSA does not accredit proposed new programmes. Such programmes require candidacy phase accreditation by the Higher Education Quality Committee (HEQC) of the Council for Higher Education to enter the higher education system. ECSA assists the HEQC according to the procedure described in section 5.1, step 1.

3.4 Responsibility for Accreditation and Evaluation

The *Engineering Programme Accreditation Committee* (EPAC) is responsible for most aspects of accreditation of BSc(Eng)/BEng programmes. The *Technology Programme Accreditation Committee* (TPAC) is responsible for most aspects of accreditation of BTech and National Diploma programmes. The term *accreditation committee* is used in this and accompanying documents to indicate the EPAC or the TPAC as applicable in the context.

Council has delegated authority to grant accreditation and provisional accreditation to programmes and withhold accreditation from non-accredited programmes to the Engineering Programme Accreditation Committee in the case of BSc(Eng)/BEng programmes and to the Technology Programme Accreditation Committee in the case of BTech and National Diploma programmes. Power to terminate accreditation of a currently accredited programme is reserved by the Council or its Executive Committee. The relevant accreditation committee must recommend withdrawal to the Council, presenting its full report and reasons for proposing withdrawal.

The accreditation committees' detailed responsibilities are listed in section 9.

3.5 Recognition of autonomy of education providers

Accreditation of engineering programmes is mandatory under the Engineering Profession Act¹. ECSA 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 and to deploy adequate resources to meet these goals. The applicable standard for the type of programme sets minimum requirements for accreditation in terms of the outcomes to be achieved and profile of knowledge. Education providers are accorded flexibility to construct programmes in order to meet these requirements.

Once a qualification is accredited, the provider is required by sections 4.5 and 5.2 to inform ECSA timeously of material changes that potentially affects compliance with the accreditation criteria. This information may lead ECSA to initiate an evaluation visit.

3.6 Programmes Eligible for Accreditation.

The types of programmes listed in Schedule 1 may be considered for accreditation or provisional accreditation by the relevant accreditation committee.

¹ Programme Quality Assurance is required under the Higher Education and Engineering Profession Acts. It is anticipated that the ECSA accreditation system will serve that purpose.

A provider offering a programme for accreditation must be responsible for curriculum design, assess all exit level outcomes, manage alternate entry mechanisms (including transfer of credits, recognition of prior learning), and award the qualification.

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

The programme to be evaluated and the qualification awarded must be identified in the provider's rules for programmes. Each branch (discipline) of the programme and option or major within a branch considered by the accreditation committee to be distinct is accredited separately.

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

3.7 Mandatory Site Visit

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

3.8 Obligation to provide evidence of compliance with accreditation criteria

The onus rests on the provider of the programme to provide evidence that the accreditation criteria are being satisfied and therefore to complete all required documentation, make available specified material during the visit and to respond to requests for supplementary information before and during the visit.

Documentation in accordance with the requirements defined in E-12-P must be submitted to ECSA by the prescribed time before the visit. Should documentation not be submitted timeously by the provider, the accreditation visit may be cancelled.

No evidence or information supplied after the visit may be considered by the accreditation team or the accreditation committee.

Should relevant information not be provided, the team may report that such evidence has not been provided 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 and a revisit required.

4. The accreditation cycle

The accreditation cycle required by the Engineering Profession Act is five years². Accreditation may be granted for a shorter period from one to three 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 requirement toward registration in the relevant category. The graduating class of a particular year includes those students who qualify through assessment in the new year without being required to re-register for the subsequent academic year.

A programme accredited for a shorter period than the full cycle with the requirement that deficiencies (defined in section 4.3) be remedied remains accredited and should be so described to the public by ECSA and the provider.

4.1 Types of accreditation evaluation visits

Accreditation evaluation visits are classified into three types:

Regular Visits, that is visits according to the five-year cycle;

Interim Visits, that is visits held at a time within the cycle as required by the accreditation committee as stated in the decision on the findings of the previous visit;

Final Visit, a visit to a programme which has been given notification of termination of accreditation by the accreditation committee after the previous visit.

A type of evaluation that may arise from a regular visit that does not require an on-site visit is:

Interim Report, an evaluation of aspects of a programme as required by the accreditation committee in the decision on the findings of the previous visit.

4.2 Accreditation findings and decisions

Decisions of the accreditation committee on each programme are based on the report of the accreditation team's findings at the visit. Findings are reported using a structure defined in document E-14-P addressing the outcomes, content, effectiveness of teaching and learning, and critical success factors which confirm the sustainability of the programme.

In the case of an Initial Evaluation, only the prose part of the report should be completed. It should however be comprehensive and be guided by the detailed questions, including the full set of CHE criteria for new programmes.

4.3 Elements used to report the visit findings

Elements of the accreditation team's findings are identified in the report to the accreditation committee as belonging to one of the three categories:

² The Council has determined that the four year period under Engineering Profession Act is impractical and has taken steps to regularise the practice and change the Act.

Deficiency: a condition or combination of factors related to a programme that are not in conformance with accreditation criteria that prevent full-term accreditation being granted. Deficiencies must be remedied and compliance must be verified. A deficiency could result from the cumulative effect of a number of issues, each of which taken in isolation would not preclude accreditation. One or more deficiency precludes accreditation until the next regular visit and requires an interim evaluation of the programme.

Concern: a matter which an accreditation team believes adversely affects the quality of the programme but which does not preclude granting of accreditation. Concerns must be satisfactorily resolved by the next regular or interim visit. A concern not resolved by the next visit may then be judged to be a deficiency.

Comment: communicates to the academic unit impressions of the team, commendations or constructive criticism on negative factors which are not classified as deficiencies or concerns.

In terms of section 3.8, a deficiency or concern may be declared if the provider fails to produce evidence in the documentation or at the site visit to demonstrate that an accreditation criterion is satisfied.

4.4 Accreditation decisions

Document E-03-P defines the accreditation criteria, read with the relevant sections of E-02-PE/PT/PN referred to in the criteria.

4.4.1 Addressing the Accreditation Criteria

The evaluation of a programme against the Accreditation Criteria is embodied in the a set of *key questions* stated in document E-14-P that address the criteria. The accreditation team is required to address the questions and to report in narrative form, concluding with a recommendation.

In addressing criterion 2, teams should note that several sets of assessment criteria could be equally valid for each outcome. Providers should therefore be accorded flexibility to use either the set of specified assessment criteria or an alternative fully documented set that demonstrates achievement of the learning outcome.

Two principles must be applied by teams when evaluating evidence against Criterion 2.

1. The means of assessing students against an exit level outcome must be *robust* with respect to permitted choice, for example of courses or project topics, or changes in the educational environment.
2. The provider's exit level outcomes assessment system must be *transparent* and *fully documented*.

The accreditation team is required to indicate whether there are deficiencies or concerns relating to each question and make comments as appropriate.

4.4.2 Credit Units

All reference to credits within the standards, policies and procedures means credits calculated according to the procedure in the standard applicable to the type of programme listed in Schedule 1 to the Accreditation Criteria in document E-03-P.

4.4.3 Decision Rules

Accreditation decisions are made, using the results of the key questions 1 to 4 using the following *decision rules*:

In the case of a programme which produces graduates:

- D1.** For any type of visit: If no deficiencies are identified, grant accreditation until the year of the next regular visit. Concerns may exist and are to be addressed and the result assessed at the next visit. If deficiencies are identified via the key questions, apply rules D2 to D7 appropriate to the type of visit.
- D2.** In the case of a Regular Visit with identified deficiencies: grant accreditation for a period not exceeding 3 years. Select one of the mechanisms (a) and (b) 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 to 24 months of the original visit. The accreditation committee must adopt this measure only if it is clear that:
 - i) the result of remediation can be assessed objectively;
 - ii) deficiencies can be remedied within two years; and
 - iii) verification by report is appropriate.Concerns may exist and are to be addressed and the result assessed at the next visit.
- D3.** In the case of evaluation by Interim Report with identified deficiencies: require an Interim Visit within 6 months of consideration of the report.
- D4.** In the case of evaluation by means of an Interim Visit with identified new or previously declared deficiencies: issue notice to terminate accreditation and require a Final Visit within 12 months of the Interim Visit.
- D5.** In the case of a Final Visit with identified new or previously declared deficiencies: withdraw accreditation. Determine whether withdrawal is to be of immediate effect or whether accreditation extends to graduates of the current year.
- D6.** At any visit with current or previously declared deficiencies: if the accreditation committee judges that there is a demonstrable lack of commitment or capacity on the part of the provider to address deficiencies, issue notice to terminate accreditation and require a Final Visit within 6 months of the decision. The provider must provide a plan for teaching out or transferring students registered in the programme.
- D7.** In the case of a non-accredited programme already producing graduates: If deficiencies exist, accreditation is withheld from the programme.

In the case of a programme which is new or which has been 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:

D8. If the accreditation committee judges that the qualification and programme is likely to receive accreditation if implementation continues according to documented plans and deficiencies or concerns identified can be remedied, grant Provisional Accreditation. Otherwise,

D9. Provisional accreditation not be granted to the Programme.

In all cases where deficiencies and concerns are identified at a visit, except when an Interim Report is required, a detailed improvement plan addressing each identified deficiency should be submitted to ECSA within three months after the date of conveying the accreditation decision to the provider

In the case of a programme submitted for Initial Evaluation in terms of section 5.1:

The accreditation committee must express an opinion on the planned programme taken from O1, O2 or O3 or O2 and O3 in combination:

- 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.

General Requirement:

Where deficiencies and concerns are to be addressed, the provider must be given freedom by the accreditation committee to determine the way it will bring about the necessary improvements, including alternative approaches.

4.5 Material change during a period of accreditation

During the period of accreditation of a programme, the provider is required to notify ECSA of:

1. Any changes to the programme, that potentially affect compliance with accreditation criteria, including changes to programme structure, content, outcomes assessed or the educational process; or
2. Altered conditions which could be detrimental to sustainability of the programme.

Accreditation or provisional accreditation may be reviewed if such changes take place. The provider is expected to provide ECSA with information that it may request. The accreditation committee or its Executive Committee, having considered the information provided, must determine a course of action within the policy and procedures.

When changes to curriculum, assessment processes, or key resources are planned or are in progress at the time of an accreditation visit, the changes must be identified in the documentation. 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), the programme will be referred to the HEQC for consideration.

5. Accreditation evaluation processes

The accreditation policy accommodates evaluation of programmes at various stages in their lifecycle as detailed in the sections 5.1 – 5.7.

5.1 New programmes

New programmes are handled according to the Delegation Model of the CHE/HEQC. A provider wishing to introduce a new programme is advised to take the following steps:

1. **Apply to ECSA for approval of the new programme:** The submission should be according to the CHE requirements, taking the criteria for engineering programmes in document E-03-P into account.

When initial steps involving the Department of Education and the HEQC are complete, the accreditation committee conducts an **initial evaluation** as follows:

- a) On receipt of the HEQC documentation, the accreditation committee must set up an accreditation team, with composition specified in section 6.2.
- b) The accreditation committee Exco must decide whether an on-site visit is required. The team must examine the documentation and evaluate the programme's compliance with the HEQC criteria and the likelihood of accreditation by ECSA if implemented as planned. The team must confer at least by teleconference or e-mail and may meet off-site if necessary. The team should be guided by E-14-P in its evaluation and must complete as much of the report as is possible at this stage. At any stage in this process, the team may recommend that an on-site visit is required.
- c) In other cases, including an established provider introducing a programme in a discipline in which the provider has not been active in the past, an on-site visit must be held.
- d) The team must complete the HEQC evaluation report and a report that advises the accreditation committee on the likely accreditability of the programme, if implemented as planned. The latter report must contain the prose part specified in document E-14-P, guided by the questions.

The accreditation committee must consider the team's reports and submit the evaluation to the HEQC.

2. **Seek Provisional Evaluation:** Once a programme of 360 or more credits has been implemented, the provider should initiate an accreditation visit with a view to attaining Provisional Accreditation once the first group of students has completed 50% of the academic credit requirements toward the programme. The accreditation visit should take place within six months of students attaining the required credits.

The documentation must follow the guidelines in document E-12-P.

The Provisional Evaluation is carried out as follows:

- a) The accreditation committee must appoint an accreditation team to undertake an on-site visit.
- b) The accreditation team advises the accreditation committee on whether provisional accreditation should be granted, subject to implementation continuing as planned and remediation of deficiencies and concerns.

3. **Seek Evaluation as 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 for other programmes in the home faculty.

ECSA 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 sustainability to be made.

5.2 Extensive revision of accredited programmes.

A provider wishing to extensively restructure an existing accredited programme is required to inform ECSA of its intentions. The accreditation committee must determine an appropriate course of action in each case in consultation with the Dean and person responsible for the programme. Some or all of the steps for new programmes described in section 5.1 may be invoked. The accreditation status of the programme may be reviewed. Such a revised programme may require treatment as a new programme in the light of CHE requirements.

5.3 Evaluation of currently accredited programmes

At least 12 months before the end of the period of accreditation, ECSA will remind the provider, by letter to the Vice Chancellor, copied to the Dean, of the termination date of the current accreditation and that the provider should initiate an accreditation visit to take place during the last year.

Regular visits are usually arranged to occur simultaneously to all programmes in a faculty.

5.4 Evaluation of existing non-accredited programmes

A provider may invite ECSA to conduct an evaluation of an existing programme which is not currently accredited but which is producing graduates. ECSA conducts the evaluation in two stages:

1. If the programme has previously been refused accreditation, or has had 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 ECSA's requirements for accreditation.

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.

1. The accreditation committee or the accreditation committee Exco, whichever meets first, must
 - a) determine the purpose of the visit;
 - b) appoint a Visit Leader³, Team Leaders and Teams, as required;
 - c) determine the process to be followed;
 - d) define pre-visit documentation required and on-site documentation;
 - e) determine the duration of the visit and set the timetable for visit activities;
 - f) define the elements that must be reported on by the team.
2. The information in 1 must be conveyed to the Dean, Visit Leader and Team Leader for comment.

³ See provision for multisite visits in section 6.3.

3. The Visit Leader, in consultation with the accreditation committee Chairperson must finalise the Visit details.
4. The Visit Report to the accreditation committee must be based on E-15-P and those parts of E-14-P relevant to the purpose of the Visit.

5.6 Evaluation on basis of Interim Report

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

1. The accreditation committee appoints an accreditation Team, as close as possible in composition to the team that carried out the accreditation visit.
2. The team considers the report without carrying out a site visit.
3. The Team Leader must determine the detailed workplan for the team.
4. The team must confer at least by teleconference or e-mail and may meet if necessary.
5. The team must prepare a report using the relevant parts of the format prescribed in document E-14-P, inserting findings from the evaluation of the provider's report.
6. The report is presented to the accreditation committee following the normal procedure.

5.7 Expiry of period of accreditation

Should a provider not initiate an accreditation visit in time to allow the evaluation process to be completed, accreditation shall terminate at the end of the period stated in the decision letter and be so recorded in the list of accredited programmes in E-20-P.

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

When accreditation or provisional accreditation expires, the accreditation committee must satisfy itself that ECSA has taken all reasonable measures to initiate the evaluation and that failure to arrange a visit is as a consequence of the provider's wishes, refusal or default. Expiry of accreditation without an evaluation visit must be reported to the ECSA Council or Executive Committee (EXCO) of ECSA who must determine the course of any further action. The CHE must be informed.

5.8 Programmes Delivered at Multiple Sites

A provider offering programmes at more than one site must indicate at the initial stage of setting up the visits the sites of delivery, programmes delivered at each site, persons responsible for programmes and sites and the way that the programmes are designated and identified on the qualification certificate and academic transcript.

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 recommend on the programme at each site individually. If the provider identifies the site of delivery on the qualification certificate, a separate accreditation decision must be made on every site by the accreditation committee. The decision may be different from site to site.

If the 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. A decision to accredit or accredit for a period shall 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, the accreditation team must consider:

1. The effectiveness of the distance delivery platform;
2. Whether there is adequate and effective face-to-face learning support;
3. Whether the provider takes full responsibility for quality assurance of the programme, including activities at remote sites.

6. Accreditation team

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

Team Member: a person, registered as a programme evaluator in terms of section 6.1, appointed by the accreditation committee to an accreditation team.

Team Leader: a person, designated in the register of evaluators as a Team Leader, appointed by the accreditation committee to lead an accreditation team.

Visit Leader: a person, designated in the register of evaluators as a Visit Leader, appointed by the accreditation committee to lead a multi-team visit.

6.1 Registration of programme evaluators

Accreditation teams are made up of individuals who are registered programme evaluators. Each accreditation committee is required to maintain a register of programme evaluators for the programmes it evaluates.

Schedule 2: Qualification of evaluators for different types of programmes

Type of Programme	Registration Category
BSc(Eng) or BEng	Professional Engineer
BTech	Professional Engineer , Professional Engineering Technologist
National Diploma	Professional Engineer , Professional Engineering Technologist, Professional Engineering Technician

6.1.1 Team Member

Evaluators are required to be competent both in the field of the programme and in accreditation of the type of qualifications and programmes. Evaluators for such programmes are therefore required to:

1. Be registered in the relevant category as shown in Schedule 2;
2. Have post-registration experience in relevant practice or in an academic or research position for 3 years;
3. Complete training in the method of accreditation, as prescribed by the accreditation committee; and
4. Attends further training in the event of a major change in policy or practice.

The accreditation committee's Executive Committee (Exco) must ensure that sufficient registered evaluators are available for programmes to be visited in the following three years. Potential programme evaluators are identified in consultation with the relevant Registration

Committee or Professional Advisory Committee (PAC), the relevant recognised voluntary association and education providers as appropriate.

6.1.2 Team Leaders

Individuals on the register of evaluators may be identified by the accreditation committee as Team Leaders provided that the person satisfies the following criteria:

1. Has experience of at least two accreditation visits as a team member;
2. Is identified by the Team Leaders and the Visit Leaders of those visits as a potential Team Leader.
3. Attends further training, as prescribed by the accreditation committee.

The accreditation committee Exco must ensure that sufficient team leaders are identified for anticipated visits over the following three years.

The initial register of Team Leaders must be drawn from persons experienced as Team Leaders who are selected by the accreditation committee Executive Committee and who complete the training programme.

6.1.3 Visit Leaders

Individuals on the register of evaluators who have experience as Team Leaders may be designated as Visit Leaders provided that the person satisfies the following criteria:

1. Has experience of at least two accreditation visits as a Team Leader;
2. Is identified by the Visit Leaders of those visits as a potential Visit Leader;
3. Attends further training , as prescribed by the accreditation committee.

Where possible, the Visit Leaders should be members of the accreditation committee. Alternatively, the accreditation committee should co-opt persons designated as Visit Leaders who are likely to be called on to lead visits over the following three years.

The initial register of Visit Leaders must be drawn from persons experienced as Visit Leaders who are selected by the accreditation committee Executive Committee and who complete the training programme.

6.2 Composition of the accreditation team

The accreditation team to evaluate a qualification and the programme leading up to the qualification must be constituted according to the rules:

1. An accreditation team is appointed for each programme or distinct option identified by the accreditation committee to be evaluated.
2. The team must have not less than three and normally not more than four members subject to there being not less than one academic and not less than two members who are currently active in industry or professionally in the discipline of the programme being evaluated.
3. Where two or more programmes being simultaneously evaluated are judged by the accreditation committee to have significant overlap in engineering content, the teams may have common membership, provided there must be a minimum of three members per programme.

4. The team member's individual specialities should be spread as evenly as possible across the sub-disciplines of the programme under evaluation.
5. Subject to 6, all team members must be registered as evaluators for the type of programme, save for one member who has attended training but is not yet registered as an evaluator.
6. Where the accreditation committee considers it necessary, one member of the team who is not a registered evaluator may be appointed who is either a person who is a programme evaluator in a jurisdiction that is a signatory to the relevant mutual recognition agreement or who is an engineering education expert provided that the latter may not be the sole academic under 2⁴.
7. A member of the team is appointed by the accreditation committee as Team Leader. The Team leader may, in turn, designate a team member as rapporteur but the Team Leader retains final responsibility for the report.
8. Additional requirements on the composition of the team is defined in schedule 2 for each type of programme.

6.3 Process for appointing teams

Most visits require several teams for the programmes on offer. The accreditation committee appoints teams, team leaders and a visit leader by the following process:

1. Not later than six months before the visit the accreditation committee selects the Visit Leader and Team Leaders.
2. In the case of a multisite visit, persons qualified to be visit leaders may be appointed as Deputy Visit Leader(s) as required for different sites.
3. The accreditation committee Executive Committee in consultation with the Visit Leader and the leader of each team selects the remaining team members.
4. Names of the proposed team members are submitted to the Dean to ensure that no conflict of interest exists for any team member. (See section 6.6.)
5. The accreditation committee Executive Committee deals with contingencies arising in this process.

During the phasing in of the outcomes based criteria and related accreditation procedures, the accreditation committee 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 appointment, a Visit Leader commits to the following duties:

1. Finalisation of the team membership;
2. Finalisation of the visit timetable;
3. Pre-visit liaison with Team leaders to ensure teams are fully prepared for visit;
4. General co-ordination and problem solving during the visit, liaison between teams on mutual interests;
5. Courtesy/ accreditation business visits to executive officers of the provider;
6. Meeting with student leadership;
7. Assisting team leaders to produce consistent recommendations across teams and across visits;

⁴ Thus a team of four could be two registered evaluators, one international/educational expert member and one novice.

8. Ensure that team reports are complete, consistent and contain fully justified conclusions, particularly when these are negative or critical;
9. Presentation of reports at the accreditation committee meeting;
10. Checking the decision letters;
11. Post visit evaluation of process and team performance; and
12. Identification of potential Team and Visit Leaders for training for future visits.

6.5 Team Leader's Responsibilities

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

1. Assist with selection of remaining team members;
2. Before the visit, read the documentation fully in order to identify issues that require investigation and instances where additional information is required;
3. Communicate with team members regarding issues and information requirement that they have identified. Collate issues and information requirements using the format in Appendix A of document E-11-P 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 recommendation is collected and verified;
5. Allocate duties to team members;
6. Ensure that all deficiencies and concerns are identified to the Head during the visit;
7. Advise the Head of Department of matters of concern and deficiencies identified by the team;
8. Ensure that the draft report is written by the end of the visit;
9. Ensure that the final report is produced, checked for consistency by the Visit Leader, approved by the team and submitted to the ECSA Accreditation Secretariat.

6.6 Eligibility for Membership of Teams and to be Visit Leader

Persons may not serve as Visit Leaders, Team Leaders, members of teams or as observers if they have any relationship with the provider concerned to such an extent that their judgement may be unduly influenced by such relationship (i.e. staff or members of the provider's advisory committees): provided that this restriction does not apply to persons who act as external examiners for the provider.

This document records ECSA's policy on observers taking part in on-site visits to accredit education programmes.

7. Policy on Observers at Accreditation Visits and Accreditation Committee Meetings

Observation of accreditation visits and accreditation committee meetings plays an important part in validating and improving ECSA's processes and informing interested parties about ECSA's practices. With its well developed accreditation system for engineering and engineering technology programmes, ECSA is in a position to assist bodies who are developing accreditation systems. ECSA encourages observers from interested parties to attend accreditation visits. Potential observers include:

1. International observers relating to mutual recognition or equivalency agreements;
2. Internal observers, for example members of other ECSA committees having an interest in accreditation;

3. Representatives of related standards and quality assurance bodies, for example the South African Qualifications Authority, the Mining Qualifications Authority and the Higher Education Quality Committee of the CHE;
4. Persons charged with quality assurance functions performed on the ECSA accreditation system.

Observers at accreditation visits are bound by the following rules.

1. Participation as an observer may be initiated by ECSA or an interested organisation.
2. The observer must be acceptable to the institution being accredited. Any identified actual or potential conflict of interest disqualifies an observer. The ECSA Secretariat is therefore required to submit the name, a short biography and a brief motivation for each observer to the Dean of the faculty in which programmes are being accredited at least six weeks before the visit for the institution's approval. ECSA and the intended observer are bound by the institution's decision.
3. The observer may not communicate directly with the institution before or after the visit on matters related to the visit. Communication should be directed to the ECSA Education Manager.
4. 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.
5. Observers are supplied with relevant ECSA documents on standards and procedures, the general visit documentation together with documentation for one programme. Observers are expected to read all documentation prior to the visit.
6. 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.
7. Observers are free to contribute to discussion in closed team meetings.
8. An observer shall not influence the team recommendation. Observers should be present at formulation of the team's report and recommendation but shall not speak. Observers shall not interpret ECSA criteria.
9. During the visit, the observer shall follow a programme of activities agreed with 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.

Observers at accreditation committee meetings must not participate in discussion unless invited to do so by the chairman. Observers may be present at all phases of the meeting but must not influence the committee's decision.

General requirements for both accreditation visits and accreditation committee meetings follow:

1. Observers are expected to treat documentation or verbal information gained on a visit or by attendance at a meeting as confidential and not release such information to another party without the consent of ECSA and the institution.
2. Observers are expected to make a short report to ECSA on their impressions of the visit. Should the report be marked confidential, it will be treated as such by ECSA.
3. Observer organisations are expected to meet all costs of their participation unless this requirement is waived by ECSA.

8. The Accreditation Committee Duties and Functions

The obligations and delegated functions of the Accreditation Committee for Engineering Programmes (accreditation committee) are:

1. To operate within the framework of the ECSA Standards and Procedures System (S&P) and to use standards and procedures approved by Council;
2. To draw up detailed operational procedures ensuring that these are consistent with the S&P;
3. To approve the registration of persons as evaluators, to identify evaluators as Team Leaders and to identify Team Leaders as Visit Leaders;
4. To consult with such voluntary association, registration and professional advisory committees as it may consider expedient for purposes of identifying potential evaluators;
5. To appoint accreditation teams for each programme, team leaders and, in the case of regular accreditation visits, a Visit Leader;
6. To approve attendance by observers;
7. To delegate such powers, other than making accreditation decisions and prescribing the policies and procedures, to the Executive Committee or the Chairperson of the accreditation committee as may be necessary to complete the necessary team appointments when the accreditation committee is not in session;
8. To approve accreditation visit schedules, reporting deadlines and dates of meetings of the accreditation committee;
9. After consideration of the full reports of accreditation teams, to grant accreditation for a defined period; to grant provisional accreditation to programmes; to recommend termination of accreditation of an existing qualification to Education Advisory Committee; and to withhold accreditation from non-accredited qualifications and programmes;

10. To confirm the expiry of accreditation of any programme in the event of a provider failing to initiate an accreditation visit and to advise the Council or the Executive Committee, whichever meets first, of such occurrence;
11. To issue a list of programmes accredited by the accreditation committee, updating the list as accreditation decisions are made;
12. To institute such observation exercises as may be necessary to ensure that ECSA's accreditation standards are substantially equivalent to those of accrediting bodies with whom ECSA has entered into a mutual recognition agreement;
13. To keep the Executive Committee and 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;
14. To keep the CHE/HEQC informed of accreditation activities and decisions;
15. To confirm the membership of standing sub-committees and ad hoc committees.

9. Transparency, confidentiality and publication of decisions

The accreditation process requires confidentiality in some aspects while being transparent in others. This section describes ECSA's approach to achieving the correct balance between transparency and confidentiality.

9.1 Confidentiality

Apart from reflecting the outcome of each accreditation evaluation in the list of recognised programmes, ECSA will not divulge details of investigations, documentation, correspondence and discussions between ECSA, the accreditation team and the provider concerned without the approval of the provider. ECSA may supply team and visit leader reports to the Council on Higher Education in terms of agreements that are in force from time to time and to co-signatories of international accords to which ECSA is a signatory for the respective types of programmes.

9.2 List of accredited programmes

After each set of accreditation decisions, the accreditation committee, on behalf of Council, publishes document E-20-P containing a list of all providers' programmes accredited at the time and in the past. The list shows the initial and final year of the accreditation period(s). In the case of a programme no longer accredited the previous period(s) of accreditation are shown. Provisionally accredited programmes are identified in the list.

The list of accredited programmes must indicate the branch, discipline or option of the qualification. In addition, the list may specify the route or programme variant by which the qualification was obtained.

Dates of validity of accreditation of each programme refer to the academic year in which the individual completes the requirements to graduate, including 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 Provider's Programmes.

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 provider must keep the student body apprised before and after the provisional accreditation visit and before and after the actual accreditation visit.

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

In the event of withdrawal of accreditation or refusal of accreditation after provisional accreditation, graduates who wish to register as candidates may apply to ECSA for individual evaluation. The provider is expected to deal with all other consequences of the programme not being accredited.

9.4 Ensuring fairness in reporting in decision making

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

1. Evaluation of the programme must be performed using the Accreditation Criteria defined in E-03-P read with the relevant standard and the reporting format defined in E-14-P.
2. Identified or potential deficiencies, concerns, comments and constructive criticism must be raised with the Head and relevant staff members at interviews during the visit.
3. The accreditation team must prepare a complete first draft report, and discuss it with the Head of Department, by the close of the visit.
4. The Team Leader must prepare a second draft report in consultation with team members for agreement by the team members.
5. The agreed second draft report and recommendations of the accreditation team must be submitted to the Dean 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 Dean may respond to the findings and recommendations. No new information or description of remedial measures may be submitted at this stage; an improvement plan may be called for.
6. In the case of the Dean 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.
7. The final report must then be prepared and be approved on behalf of the team by the Team Leader.
8. The report(s) on the programme(s), together with the Visit Leader's report, must be circulated to the accreditation committee (EPAC or TPAC as applicable) members prior to the meeting at which the reports are considered.

9. The Dean of the Faculty, in respect of which a report is being presented, if he/she so elects, is entitled to be present at the meeting of the accreditation committee while the reports are being presented. The Dean may answer questions from the Committee, and make such representations to the Committee as he/she may deem necessary. The committee must request the Dean to recuse himself/herself from the meeting at the stage when the committee is ready to deliberate and decide on the matter.
10. The accreditation committee must take into account in its deliberations any unresolved matters raised by the Dean both in response to the second draft report and at the meeting.
11. The Chief Executive Officer must inform the provider of the decision(s) by letter to the Vice-Chancellor or Rector, copied to the Dean. Deficiencies and concerns as applicable to each decision must be clearly indicated in the letter. The decision letter must stipulate the requirements of section 5.5 to notify ECSA of material change during the period of accreditation as well as 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 E-16-P defines the procedure to be followed to appeal a decision of the accreditation committee or Council.

9.6 Formative aspects of accreditation

While the accreditation team and the accreditation committee have a duty to the profession and the public to withhold accreditation from qualifications and programmes which do not satisfy the stated outcomes, there is a complementary duty to encourage programmes which are deficient to improve and attain accredited status. Interim Visits and Interim Reports in the accreditation cycle provide the opportunity for universities to respond to deficiencies identified by the team. Teams may also identify areas of concern. ECSA therefore requires accreditation teams to formulate their reports, particularly where deficiencies and concerns are identified, in a firm but constructive way. The formative process cannot however continue indefinitely: 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 Education Providers

ECSA 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. ESCA cannot however offer detailed advice on issues relating to particular programmes except as arise from the processes described in this and related documents.

10. Costs

The ECSA Council determines costs to be levied for conducting accreditation visits. In addition, the provider is expected to bear the costs of documentation, and on-campus meals and refreshments during the visit.

Schedule 2: Composition of Accreditation Teams for Different Types of Programmes

A: BSc(Eng)/BEng and Equivalent Programmes

1. The team must not have more than four members for a single programme.

B: BTech and National Diploma Programmes

1. A single accreditation team is appointed to evaluate both the National Diploma: Engineering and B Tech Engineering Degree programmes if offered in the same discipline.
2. An appropriate mix of professional Engineering Technologists and Professional Engineering Technicians must exist in the team consistent with the programmes being evaluated.

11. Revision History

Version	Date	Revision Authorized by	Nature of revision
Rev 0: Concept-A	16 Feb 2006	Accreditation Policy Working Group	Adapted from PE-70 and TAC Guidelines
Concept-B	21 Feb 2006		Ongoing development
Concept-C	19 July 2006		Ongoing development
Concept-D	24 Aug 2006		Ongoing development
Draft -A	31 Oct 2006	Accreditation Policy Working Group	Editorial, insert new style document numbers, for submission to EPAC & TPAC
Draft-B	19 May 2007	Accreditation Policy Working Group	Editorial, change to notice of termination, delegation of power to withdraw accreditation
Revision 1	7 Feb 2008	Council	