



QQI

Quality and Qualifications Ireland  
Dearbhú Cállochta agus Cállochtaí Éireann

# Accreditation/Approval of Higher Education Programmes by Professional Bodies



QQI  
Insights



## QQI *Insights* Series

QQI's unique position as the agency that spans all post-secondary education and training means that we have been centrally involved in many of the transformations and developments that have occurred in education and training in recent years. Our independent evaluations of providers and our research and analysis of provider-led evaluations provide high-level advice to policymakers and funders on quality in the education and training system.

This QQI *Insights* series aims to analyse and demonstrate the impact of measures taken by QQI to improve and enhance the quality of education and training for the benefit of learners. These *Insights* demonstrate how the work of QQI delivers impact through the promotion of quality improvement among education and training providers, and how this, in turn, enhances the experience and outcomes of learners. They also analyse our qualifications systems to better inform education and labour market decision-makers.

Topics chosen for the series stem from stakeholder feedback, common themes emerging from our independent evaluations of providers of education and training and our analysis of provider-led evaluations, and areas of national policy interest. Ultimately, the *Insights* series aims to shape a fuller understanding of quality and qualifications in education and training, to inform and influence policy, and to play a role in driving future transformation across the education and training sectors.



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# A. Introduction

## I. Purpose of report

The purpose of this report is to analyse the differences between the accreditation/approval processes employed by professional and regulatory bodies in Ireland. This report has been compiled on foot of the *Professional Body Accreditation in Higher Education Institutions in Ireland* report ('the PARN Report'), which was published in 2017, having been commissioned by Quality and Qualifications Ireland (QQI) and compiled by the Professional Associations Research Network (PARN). The PARN report examined professional body accreditation in higher education institutions (HEIs) from the perspective of the HEIs, while this report focuses on accreditation/approval from the perspective of the bodies that accredit/approve programmes.

## II. Rationale for selecting bodies detailed in report

Eleven professional and regulatory bodies active in Ireland were selected to form the basis of this report. International bodies were excluded from the report's purview, as well as the bodies active in the areas of law and accountancy (these are currently undergoing significant change) and those bodies currently active in the areas of health and social care, whose functions will be assumed by CORU in the near future.

## III. Terminology used in report

Note that although the terms 'accreditation' and 'approval' are used in this introduction, in section C ('Conclusions') and, indeed, in the title

of this report, some of the bodies discussed in section B do not 'accredit' or 'approve' but rather 'validate' programmes. Where appropriate, the term 'validate' will be used instead of 'accredit' or 'approve'. Similarly, while the programmes of education detailed in this report are, on the main, provided by HEIs, some of the programmes are provided by other types of educational institutions – further details can be found in section B. Finally, the terms used by bodies to refer to the individual stages of their processes vary: details of the individual processes and associated terminology are also set out in section B.

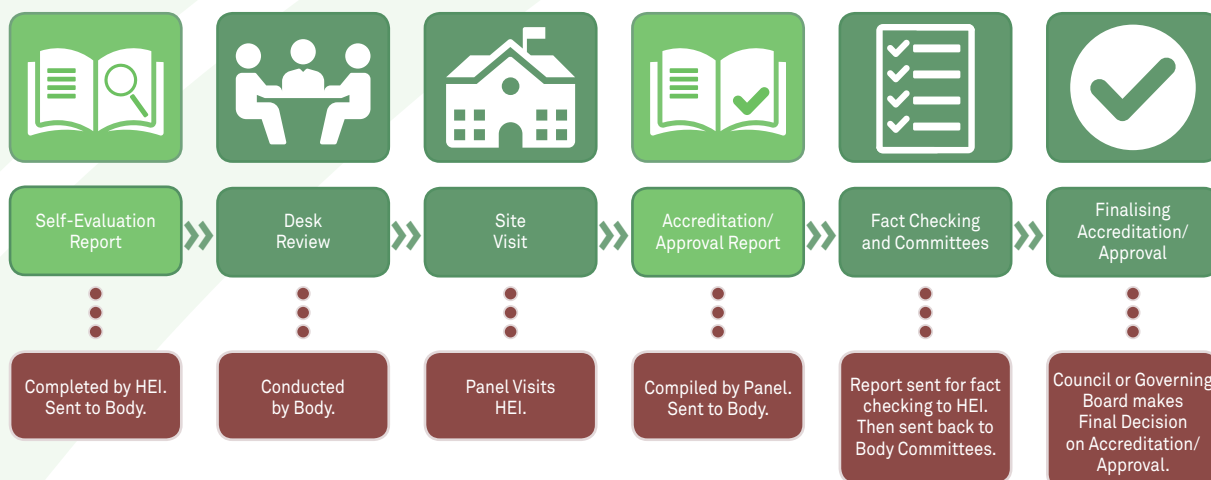
## IV. Overview of the accreditation/approval process

While each body included in the report has a unique accreditation/approval process, each nonetheless follows the same general pattern for accreditation/approval. The diagram above identifies the key process stages that the bodies have in common. It should be noted that the processes detailed in section B are current as of March 2019; however, the bodies that employ these processes may revise them from time to time.

The process always begins with a **self-evaluation report**. The purpose of this report is to demonstrate clearly how the HEI is meeting the body's standards. It is important to note that while each body discussed in this report uses some form of self-reporting, the name of the report produced varies. However, its function maintains the same. The report is always completed before the body begins the formal accreditation/approval process.

The next step in the accreditation/approval process is the **desk review** of the evidence

### Accreditation/Approval Process: Evaluation



provided in the self-evaluation report. This may be as simple as a document check performed by a staff member of the body to ensure that the report is complete. Other bodies may have staff evaluate the quality of the report in preparation for accreditation/approval. The purpose of the self-evaluation report is to prepare the site visit panel to review the HEI.

Once an evaluation panel has been established, it will visit the HEI's premises ('the site visit'). Each body detailed in this report establishes evaluation panels to evaluate programmes, although the body may refer to them by a different name (i.e. site visit teams). The function of the panel is universal; it is tasked with reviewing programme documentation, interviewing executive leadership of the HEI, faculty, and stakeholders including learners, graduates and employer representatives, and, in some cases, inspecting the HEI's facilities and the facilities of any associated bodies (e.g. clinical facilities within university hospitals). The panel is responsible for making a recommendation concerning accreditation/approval. It is important to note that the final determination is made by the body itself, but that it may be subject to ministerial approval.

When the site visit is complete, the panel will draft an **accreditation/approval report** (note that the name of this report may vary). The purpose of the report is to give the panel's opinion of whether or not the HEI has met the

relevant standards. In addition, the report may stipulate changes that must be implemented to comply with standards and recommendations for improvements to the programme.

Once the report is complete it is sent to the professional or regulatory body's relevant **committees** and then returned to the HEI for **fact checking**. Fact checking is essential to ensure the accuracy of the report. It is important to note that not all bodies have a committee that reviews the accreditation/approval report. Specific details concerning committees can be found in section B.

**Accreditation/approval can be finalised** once the HEI has confirmed the factual accuracy of the report (or requested any amendments necessary to ensure factual accuracy). This is not to say that any recommendation set out in the report will definitely be implemented, but rather that a final decision can now be made. This final decision is often made by the body's council although some bodies may refer to it by another name (i.e. board).

The appeals process is not included in the diagram above as it is not part of the standard accreditation/approval process. However, its omission does not mean that it is not an important part of the accreditation/approval process. It should be noted that the majority of bodies have an appeals process that the HEI can utilise if necessary.



## V. Method of data collection

Interviews were conducted during summer 2018 with representatives of the bodies discussed in this report for the purpose of gathering the information that forms the basis of the report. The bodies' websites and documentation supplied by the bodies provided a further source of information. An account of each body's accreditation/approval process was drafted and sent to the relevant body for fact checking during autumn and winter 2018. Section B of this report was based upon these accounts. Section C reflects the trends observed within the accreditation/approval processes of the reviewed bodies. The points discussed in section C are not based upon a single body, and no part should be assumed to refer to one body in particular.

## VI. Attribution

This report was compiled by Ryan McCurry as part of his EUSA internship with QQI in summer 2018. The report was finalised and prepared for publication by QQI.

The content of the report has been edited and approved by QQI's executive. The observations set out in section C are based on the opinions of the author and of QQI's executive of the data collected.





# B. Accreditation/Approval Processes in Detail

## I. CORU

### 1. Standards

**a. Development of standards:** The Framework Criteria for Education and Training Programmes and Standards of Proficiency (referred to hereafter as ‘Framework Criteria and Standards of Proficiency’) are the threshold standards for public protection required for entry to the register for any profession listed as a designated profession in the Health and Social Care Professionals Act 2005<sup>1</sup> (as amended) (hereafter known as ‘the Act’). The Framework Criteria and Standards of Proficiency are developed by the Health and Social Care Professionals Council and are subject to a consultative process. Once approved by council, the Framework Criteria and Standards of Proficiency are then adopted by each registration board<sup>2</sup> to fulfil its statutory obligations under Part 5 of the Act<sup>3</sup>. A registration board may tailor certain parts of the Framework Criteria and Standards of Proficiency to reflect specific needs of the profession with which it is concerned if this is necessary for the protection of the public.

**b. Final authority on programme approval:** Under Part 5 of the Act, registration boards approve and monitor education and training programmes for the purpose of entry to the register. It is also the function of the

registration board of a designated profession to make an approved qualifications bye-law, which sets out the requisite qualifications for entry to a register.

**c. Review of standards:** The Framework Criteria and Standards of Proficiency are reviewed cyclically, normally every five years, to ensure they take account of changes in professional education and training; practice contexts; and to ensure they remain fit for purpose from a regulatory perspective. Once new Framework Criteria and Standards of Proficiency are developed, they are then adopted by each registration board.

### 2. Approval and monitoring of education and training programmes

#### a. Evaluation Process:

*aa) Documentary evidence:* The approval process begins following an application from an HEI. A CORU member of staff meets with the HEI to explain the approval process and finalise the arrangements regarding the submission of documentary evidence. A visit to the institution is also arranged.

*bb) Review:* The appropriate registration board approves a review team<sup>4</sup>, which will evaluate the documentary evidence and visit the institution.

1 Accessible at [www.irishstatutebook.ie/eli/2005/act/27/enacted/en/html](http://www.irishstatutebook.ie/eli/2005/act/27/enacted/en/html) (last accessed 09.04.2019).

2 Bodies established under the 2005 Act, the object of which is “to protect the public by fostering high standards of professional conduct and professional education, training and competence among registrants of [a designated] profession.”; *Health and Social Care Professionals Act 2005*, s 27

3 <http://www.irishstatutebook.ie/eli/2005/act/27/section/48/enacted/en/html#part5> (last accessed 09.04.2019).

4 The review team usually comprises four members, drawn from some or all of the following groups: academics, practitioners, and the public.

*cc) Approval/Monitoring visit:* The review team conducts a visit to the HEI. The visit is between two and four days in length. The review team meets with a range of individuals and groups involved in the programme<sup>5</sup>.

*dd) Report:* After the visit, the review team prepares a draft report for the registration board based on the evidence made available by the provider, with reference to the criteria and standards set by the registration board.

*ee) Fact checking and registration board:* The registration board will provide an opportunity for a factual accuracy review of the report. The board may also seek additional evidence.

*ff) Decision:* When the deadline for response has passed, the registration board will decide to approve the programme or to refuse approval of the programme. It will then inform the provider of the decision, the date on which the decision was made, and the reason for the decision. The rationales for approving or refusing to approve a programme are as follows:

**Programme approval:** The registration board is satisfied that the programme meets the Criteria for Education and Training Programmes and Standards of Proficiency. The approved qualifications bye-law process commences once the programme is approved. Graduates with a qualification listed on the approved qualifications bye-law are eligible to apply for entry to the relevant register.

The programme is subject to monitoring (see I.4, below), and must satisfy the registration board, as required, regarding its continued suitability.

**Programme approval refused:** The registration board is not satisfied that the programme meets the Criteria for Education and Training Programmes and Standards of Proficiency. The qualification associated with the programme is not listed on the approved qualifications bye-

law. Students graduating from the programme are not eligible to apply for registration to the relevant registration board.

The provider may apply again for approval of the programme.

**b. Publication of reports:** The approved qualifications bye-law is published, listing the qualification.

**c. Method of approval:** As per I.2.a. ff) above, the appropriate registration board bases its approval decision on whether the programme meets its Criteria for Education and Training Programmes and Standards of Proficiency.

**d. Duration of approval process:** CORU's approval process takes approximately eight months.

**e. Appeals process:** Following a registration board's decision to refuse approval, the institution may make a representation to the Minister for Health to direct the registration board to grant approval. This representation to the Minister must be made within 30 days of the institution being informed of the registration board's decision to refuse approval of the education and training programme. If, after consulting the Minister for Education and Skills, the Minister for Health is satisfied as to the suitability of the education and training programme, he or she may direct the registration board to grant approval. If the Minister for Health is not satisfied, he or she may confirm the registration board's decision

**f. Fees:** The Health and Social Care Professionals Act 2005 (as amended) makes provision for the charging of fees under Part 5 of the Act. CORU does not currently charge a fee for the approval and monitoring of programmes.

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<sup>5</sup> Stakeholders may include the head of school, the head of the programme, faculty, and students, graduates, practice placement education team, service user/external contributors.

### 3. Review of approval/monitoring of education and training programmes

**a. Approved programmes:** The programmes approved by CORU for the professions that it currently regulates – i.e. dieticians, medical scientists, occupational therapists, optometrists, dispensing opticians, physiotherapists, radiographers and radiation therapists, social workers, speech and language therapists. – are set out in the relevant registration board's approved qualifications bye-law.. These bye-laws are updated from time to time and can be accessed on CORU's website.<sup>6</sup>

**b. Monitoring cycle:** CORU monitors programmes no less than once every five years.

**c. Recognition of accreditation awarded by other bodies:** Under the Health and Social Care Professionals Act 2005 (as amended) a registration board has a statutory requirement to approve education and training programmes in order to determine the qualifications for entry to its register(s). Accreditation by other bodies may be relevant as part of the evidence submitted by the education provider in order to demonstrate compliance with certain criteria or standards.

### 4. Monitoring arrangements

**a. HEI response to conditions and recommendations:** The Health and Social Care Professionals Act 2005 (as amended) provides for the approval and monitoring of continuing suitability of education and training programmes. It does not provide for approval subject to conditions, nor does it issue recommendations to HEIs applying for approval.

### b. Material changes to approved programmes:

Changes to an approved programme are considered as part of the monitoring process.

### 5. International links and collaborations

Not applicable

## II. Dental Council

### 1. Standards

**a. Development of standards:** The standards in respect of dental degrees were developed based upon European<sup>7</sup> and international models and incorporate a set of dental competencies that were developed at European level. The standards were drafted by Dental Council staff and then refined and adopted by council.

**b. Final authority on accreditation:** The final authority on accreditation is the Dental Council, which comprises 19 members<sup>8</sup>, some of whom are ministerial appointees and some of whom are institutional nominees. The 2015-2020 council has a dentist majority.

**c. Review of standards:** The Dental Council is currently using standards that were first adopted in 2005<sup>9</sup>. The standards will be reviewed next year. Similar to the process used to draft the existing standards, the new version of the standards will be drafted by the Dental Council based upon European competencies and incorporating best practice. These standards will then go out for consultation, before ultimately being adopted by council.

6 The bye-laws may be accessed at [http://www.coru.ie/en/about\\_us/registration\\_board\\_byelaws](http://www.coru.ie/en/about_us/registration_board_byelaws) (last accessed 09.04.2019). CORU is working towards opening the registers for the following professions but has not approved any of the associated programmes yet: psychologists, social care workers and podiatrists. When the act is fully implemented CORU will also regulate clinical biochemists, orthoptists and counsellors and psychotherapists.

7 The Dental Council is obliged to ensure that European minimum requirements relating to dental education and training are met in accordance with the Professional Qualifications Directive (PQD) – 2005/36/EC.

8 For further details, see <http://www.dentalcouncil.ie/membership.php> (last accessed 09.04.2019).

9 For further details, see [https://www.adee.org/documents/taskforces/tfi\\_profile\\_competence\\_2010.pdf](https://www.adee.org/documents/taskforces/tfi_profile_competence_2010.pdf) (last accessed 09.04.2019).



## 2. Evaluation

### a. Evaluation process:

*aa) Self-evaluation report:* The accreditation process begins with an evidence-based self-evaluation report compiled by the HEI in question.

*bb) Desk review:* The report is then reviewed by a member of staff in the education section, primarily to ensure that all requested information has been received<sup>10</sup> and a panel is then assembled. The panel comprises deans or vice deans of dental programmes from the UK and other parts of Europe, representation from council, and local experts<sup>11</sup>.

*cc) Site visit:* The panel then conducts a site visit on the HEI's premises. While at the HEI the panel will meet with the dean of school, senior staff, quality assurance personnel, and students. A visit will also include a review of teaching facilities.

*dd) Report:* After the site visit, the team prepares a report and makes its recommendation concerning accreditation. This report may contain mandates that the HEI must meet in order for the programme(s) to attain or retain accreditation/approval.

*ee) Fact checking and committees:* The draft report is sent to the HEI initially for fact checking. The report then goes to the Education Committee<sup>12</sup>. The Education Committee reviews the report but can make no substantive changes to the main body of the report. The committee can, however, veto suggested conditions or recommendations that are outside the power of the council; that are unenforceable; or that are incompatible with council or national policy. The report is then approved by the Education Committee.

*ff) Decision:* The Dental Council then receives the report and makes the final decision concerning accreditation. The HEI is then

10 Note that decisions regarding the quality or sufficiency of evidence provided by HEIs are reached by the evaluation panel.

11 Local experts will generally have a senior standing in the dental community, most likely with ties to an academic institution and experience of teaching and learning environments. One of their key roles is to provide context to panel members who may not be familiar with the context of dental education and/or dental practice in Ireland.

12 For further details on the composition of the Education Committee, see Dentists Act 1985, s. 13 (<http://www.irishstatutebook.ie/eli/1985/act/9/enacted/en/html>).

presented with a copy of the final report and asked to provide a substantial response.

**b. Publication of reports:** The Dental Council intends to publish its reports, but to date none have been published.

**c. Method of accreditation:** The Dentists Act 1985 requires the Dental Council to assess the suitability of dental education and training provided by bodies. In practical terms, this takes the form of programme approval.

**d. Duration of accreditation process:** The Dental Council's accreditation process takes approximately one year from the time the programme is submitted for accreditation to the time the council makes its decision on the accreditation of the programme.

**e. Appeals process:** There is no formal process to appeal the Dental Council's decision on accreditation. However, a HEI could write to the Dental Council, setting out the grounds for its appeal, or take the matter to the High Court.

**f. Fees:** The Dental Council absorbs all costs arising from the accreditation of HEIs.

### 3. Review of accreditation

**a. Accredited programmes:** There are two dental schools in Ireland – Dublin (Trinity College Dublin)<sup>13</sup> and Cork (University College Cork)<sup>14</sup>. In total, when dental degree programmes, auxiliary programmes and specialist programmes are included, there are 21 programmes in Ireland that are subject to Dental Council accreditation and approval.

**b. Accreditation cycle:** The Dental Council accredits programmes for a maximum of five years.

**c. Recognition of accreditation awarded by other bodies:** The Dental Council does not recognise accreditation awarded by other

bodies as evidence that HEIs have fully complied with the Dental Council's standards. Dental Council standards are directly applied by the council.

### 4. Monitoring arrangements

**a. Accreditation outcome:** The Dental Council's accreditation outcome may contain conditions and recommendations. Conditions are changes that must be made for the HEI to comply with Dental Council's standards. Recommendations are changes that should be made to ensure future compliance.

**b. HEI response to conditions and recommendations:** HEIs are given an explicit timeline to comply with the conditions and recommendations and report back. If a HEI is unable to comply with a recommendation, its justification must be included in the report.

**c. Material changes to accredited programmes:** HEIs must contact the Dental Council for accreditation in the event that it makes any material changes to its programme. An example of a material change would be a significant increase in the number of students admitted to the programme.<sup>15</sup>

### 5. International links and collaborations

The Dental Council collaborates with, and is a member of, a number of international bodies on dental matters generally, but not for the explicit purpose of joint accreditation. It is a member of FEDCAR (Federation of European Dental Competent Authorities and Regulators) and also ISDR (International Society of Dental Regulators).

The Dental Council has a reciprocity agreement with the Commission on Dental Accreditation of Canada (CDAC). Under this agreement, each party recognises the accreditation standards

13 For further details, see <https://www.tcd.ie/dental/> (last accessed 09.04.2019).

14 For further details, see <https://www.ucc.ie/en/dentalschool/> (last accessed 09.04.2019).

15 Note there is not set threshold for what would constitute a significant increase in admitted students.

and policies of the other party as being substantially equivalent to its own; dental graduates from each jurisdiction are facilitated to register in the other jurisdiction without any additional or particular test or exam (unless it is also required for 'local' graduates to also sit a test).

In addition, the CDAC agrees to encourage the Canadian Dental Regulatory Authorities Federation (CDRAF) to accept graduates of the Bachelor in Dental Science (Trinity College Dublin) and the Bachelor of Dental Surgery (University College Cork) as graduates of an accredited educational programme without the need to meet other educational requirements for licensure and registration.<sup>16</sup>

The Dental Council does not accredit programmes in any other jurisdictions.

### III. Engineers Ireland

#### 1. Standards

**a. Development of standards:** The current standards in respect of engineering degree programmes were drafted by Engineers Ireland in 2014 based upon international standards; Engineering Network for Accreditation of Engineering Education (ENAAEE) standards; and international agreements. After Engineers Ireland staff draft the standards, they are adopted by the Accreditation Board and the Council of Engineers Ireland.

**b. Final authority on accreditation:** Engineers Ireland's Accreditation Board is the final authority on accreditation. The Accreditation Board is composed of 20 members of Engineers Ireland, who are elected by their peers. Two-thirds of the council are engineering academics.

**c. Review of standards:** The standards will be reviewed between 2018-2019. Similar to the process used to establish the existing standards, staff at Engineers Ireland will draft the standards based upon international standards and international agreements. The standards are reviewed every five years.

#### 2. Evaluation

##### a. Evaluation process:

*aa) Self-evaluation report:* The accreditation process begins with an evidence-based self-evaluation report that is completed by the HEI based upon Engineers Ireland's standards<sup>17</sup>. The evaluation is then submitted to Engineers Ireland six to eight weeks in advance of the site visit.

*bb) Desk review:* Once submitted, Engineers Ireland performs a document check of the self-evaluation report. A panel is then convened. This panel consists of four members: two engineering academics, one practising engineer, and one member of Engineers Ireland staff.

*cc) Site visit:* After the desk review has been completed, the panel conducts a site visit. At the HEI the panel meets with heads of school, faculty, academic administrators, students, graduates, and employers. The site visit takes two days.

*dd) Report:* Subsequent to the site visit, the panel prepares a report concerning accreditation.

*ee) Fact checking and committees:* After the report is complete it is sent to the HEI for fact checking.

*ff) Decision:* Once the HEI has confirmed the factual accuracy of the report, it is sent to Engineers Ireland's Accreditation Board, which makes the final determination in respect of accreditation.

16 For further information on the Reciprocity Agreement between CDAC and the Dental Council, see [http://www.dentalcouncil.ie/mutual\\_recognition.php](http://www.dentalcouncil.ie/mutual_recognition.php) (last accessed 09.04.2019).

17 For further details, see <http://www.engineersireland.ie/EngineersIreland/media/SiteMedia/services/accreditation/EngineersIrelandAccreditationCriteria2014.pdf> (last accessed 09.04.2019).



**b. Publication of reports:** Engineers Ireland does not publish the site visit reports prepared by the panel; however, the HEI is free to do so if it redacts the names of review team members.

**c. Method of accreditation:** Engineers Ireland accredits the programmes based upon the learning outcomes that graduates of the programmes in question are expected to attain.

**d. Duration of accreditation process:** Engineers Ireland's accreditation process takes three to six months to complete.

**e. Appeals process:** Engineers Ireland does not have an appeals process for the Accreditation Board's decision concerning accreditation.

**f. Fees:** Engineers Ireland has separate fee structures depending on the programme submitted, and on whether the programme has been accredited in the past. The fee for first-time accreditation of programmes ranges from €4000 to €6900. Re-accreditation of programmes ranges from €3600 to €6200. The programmes being accredited range from level 6 to level 9, and the differences in price reflect the differences in levels.

### 3. Review of accreditation

**a. Accredited programmes:** Engineers Ireland currently has accredited programmes at 21 HEIs, which include about 200 current programmes, and 150 that are no longer being delivered.<sup>18</sup>

**b. Accreditation cycle:** Engineers Ireland accredits programmes on a five-year cycle.

**c. Recognition of accreditation awarded by other bodies:** In the past Engineers Ireland has undertaken joint-accreditation

programmes with UK professional engineering organisations including the Institution of Mechanical Engineers, IOM3 (The Institute of Materials, Minerals and Mining), and the Royal Aeronautical Society.

### 4. Monitoring arrangements

**a. Accreditation outcome:** The Accreditation Board ensures consistency of approach across the accreditation of programmes by reviewing and approving the recommendations of the review panel.

**b. HEI response to conditions and recommendations:** Accreditation may be subject to the HEI's compliance with conditions. If conditions are included in the accreditation report, the HEI must respond within six months with a proposal as to how it intends to meet the conditions. Recommendations for improvement may also be included in the report. The HEI is not obliged to make any changes to its programme in response to recommendations.

**c. Material changes to accredited programmes:** HEIs must contact Engineers Ireland if a major change is made to their programme. There is no definition of major change in Engineers Ireland's standards.

### 5. International links and collaborations

Engineers Ireland is the designated Competent Authority for the engineering profession in Ireland under the EU Directive on the Recognition of Professional Qualifications<sup>19</sup>.

Engineers Ireland has partnered with ENAEE and the content of Engineers Ireland's standards reflects the criteria required by the ENAEE. Engineers Ireland's standards are

18 For further details, see <http://engineersireland.ie/services/accredited-courses/all-programmes.aspx> (last accessed 09.04.2019).

19 Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation').

based upon three international accords<sup>20</sup> that determine the necessary level of education for an engineering qualification. Engineers Ireland is periodically assessed (on a five-year cycle) by international review teams to ensure that accreditation processes are performed to the correct standard (ENAAE and the three IEA Accords).

## IV. Irish Planning Institute (IPI)

### 1. Standards

**a. Development of standards:** The standards in respect of planning programmes, the Education Guidelines, were developed by IPI. The current guidelines were adopted in 2013. After the Education Guidelines were drafted, they were adopted by IPI's council.

**b. Final authority on accreditation:** The final authority on accreditation is IPI's council, which consists of 12 members, all of whom are professional planners.

**c. Review of standards:** The Education Guidelines are updated only when deemed necessary.<sup>21</sup> The Education Guidelines are currently being reviewed and updated.

### 2. Evaluation

#### a. Evaluation process:

*aa) Self-evaluation report:* The accreditation process begins with the HEI completing an evidence-based self-evaluation report. This report is then sent to the accreditation panel established by IPI. The panel is comprised of four members: one from IPI's Technical and Education Committee<sup>22</sup>, one from another HEI, one from the public sector of planning<sup>23</sup>, and one from the private sector of planning<sup>24</sup>.

*bb) Desk review:* In preparation for the site visit the accreditation report is reviewed by all panel members.

*cc) Site visit:* The panel then conducts an on-site visit at the HEI. The panel speaks with the head of school, the head of the programme, faculty, academic administrators and students. This visit is usually conducted over the course of one day, although it may in some cases require two days.

*dd) Report:* After the visit, the chairperson of the panel, in tandem with the other panel members, produces a report on the panel's recommendation concerning accrediting the HEI's programme.

*ee) Fact checking and committees:* Once the report is complete, it is sent to the Technical and Education Committee in the first instance, which may require or initiate some fact checking. The committee has the power to

20 The Washington Accord, signed in 1989, defines the qualifications required of a level eight engineer. The Sydney Accord, signed in 2001, defines the qualifications required of a level seven engineer. The Dublin Accord, signed in 2002, defines the qualifications required of a level six engineer.

21 For example, the Education Guidelines were updated in 2013 to provide more guidance on the process of accreditation itself, as well as more details of what the self-evaluation report should include. The Education Guidelines are currently being reviewed to ensure that they align closely with the guidance from the European Council of Town Planners' (ECTP) on Professional Competencies in Spatial Planning.

22 The Technical and Education Committee comprises six members, all of whom are corporate members of the IPI. The convenor of the committee is an Irish Planning Institute council member. This provides a link back to the main council. The current membership comprises three public sector planners, one private sector planner and two planning academics.

23 Panel members from the public sector may be planners working in local authority planning departments, or may be drawn from *An Bord Pleanála*, or other state agencies that employ planners.

24 Panel members from the private sector are drawn from private planning consultancies.

approve the report and may also change the substance of the report, which includes amending any recommended changes to the programmes and any conditions attaching to accreditation of the programmes. The Technical and Education Committee may also ask the accreditation panel to request further information from the HEI or ask for clarification of a point.

*ff) Decision:* After the Technical and Education Committee approves the report, the report is sent to IPI's council. Council then makes the final determination in respect of accrediting the HEI and informs the HEI of the parameters of the accreditation.

**b. Publication of reports:** IPI does not publish the report prepared by the panel.

**c. Method of accreditation:** In accrediting a programme, IPI confirms that a programme

meets the core competencies required of professional planners and that the learning outcomes set out in the programme will ensure that graduates have the knowledge, skill and competence required to work as professional planners.

**d. Duration of accreditation process:** The duration of the accreditation process varies but is generally between four and six months.

**e. Appeals process:** There is no appeals process in respect of IPI's council decision, although the HEI may respond with further evidence to the council aimed at demonstrating that it has complied with the Education Guidelines.

**f. Fees:** IPI charges up to €800 to allow for reimbursement of panellists' travel expenses and office support.



### 3. Review of accreditation

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- a. Accredited programme:** IPI has five accredited programmes at three HEIs.<sup>25</sup>
- b. Accreditation cycle:** IPI generally accredits programmes for a period of five years. Programmes may be accredited for shorter periods if there are aspects of the programme that IPI considers need to be improved or reviewed.
- c. Recognition of accreditation awarded by other bodies:** IPI does not recognise accreditation awarded by other bodies as evidence of meeting the Education Guidelines.

### 4. Monitoring arrangements

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- a. Accreditation outcome:** The decision in respect of accreditation is reached by IPI's council. While there is no requirement for an interim review of the HEI, an interim review may be required by the accreditation panel, by the Technical and Education Committee and/or by council in cases where it is felt that changes are required that need to be reviewed prior to the next visit. In such a situation the accreditation decision would specify that the accreditation was dependent on certain changes being implemented and could stipulate an interim review.
- b. HEI response to conditions and recommendations:** The Irish Planning Institution may grant accreditation subject to conditions and it may also make recommendations to the HEI in respect of the programme. As per IV.4.a), there is no specific requirement for a mid-term visit/review process unless it is expressly specified in the accreditation decision. In such a situation, a mid-term review could take place.

### c. Material changes to accredited programmes:

HEIs must contact the Irish Planning Institute in the event that they make a major change to their programme. This rule is not formalised in the Education Guidelines, but it is customary practice.

### 5. International links and collaborations

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Under EU legislation IPI recognises planning qualifications that were obtained within the European Union/European Economic Area, and which are at a level which is equivalent to the planning qualifications or degrees that are recognised or accredited by the Institute. IPI is a member of ECTP and there is mutual recognition of planning qualifications in European member states. In addition, IPI has recognition agreements with New Zealand and Australia.

IPI does not accredit programmes provided by HEIs in other jurisdictions.

## V. Medical Council

### 1. Standards

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**a. Development of standards:** The Medical Council's standards in respect of undergraduate (either by direct entry or graduate entry) medical degree programmes are the World Federation for Medical Education (WFME) Basic Medical Education Global Standards for Quality Improvement 2015<sup>26</sup>. The Medical Council's standards for postgraduate programmes<sup>27</sup> were developed based upon the equivalent Australian standards and then adopted by the Medical Council's council. There is also a separate set of standards for clinical

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25 For further details, see <https://www.ipi.ie/membership/accredited-courses> (last accessed 09.04.2019).

26 <http://wfme.org/publications/wfme-global-standards-for-quality-improvement-bme/?wpdmdl=831> (last accessed 09.04.2019).

27 <https://www.medicalcouncil.ie/Education/Career-Stage-Postgraduate/Quality-Assurance/Medical-Council-Accreditation-Standards-for-Postgraduate-Medical-Education-and-Training-Revised-Oct-2011.pdf> (last accessed 09.04.2019).

training sites<sup>28</sup> where postgraduate training is provided; and standards for intern training<sup>29</sup>, which is completed the year after graduation and essential to be qualified to practise medicine in Ireland. The current standards in respect of undergraduate programmes were adopted in 2016, while the standards in respect of postgraduate programmes were adopted in 2011; the standards in respect of intern training were adopted in 2010 and postgraduate training sites in 2014. All medical education and training curricula are subject to the provisions of the EU Directive on recognition of professional qualifications (2005/36/EC), as amended by EU Directive 2013/55/EU.

**b. Final authority on accreditation:** The final authority on accreditation is the Medical Council's council<sup>30</sup>. The council consists of 25 members and has a lay majority; six members are elected by the profession and 19 are appointed by the Minister for Health, some of whom are nominated by postgraduate training bodies, other regulatory authorities and key stakeholders, etc. The requirements for nominations are outlined in the Medical Practitioners Act 2007<sup>31</sup>.

**c. Review of standards:** The standards will next be updated in 2019. The Medical Council plans to establish one set of standards for the entire spectrum of medical education and training (undergraduate, intern and postgraduate programmes and clinical training sites) at this point.

The Medical Council has outsourced the preparatory work involved in this process to an external company – this includes a literature and legislative review, comparison of international standards, conducting focus groups, consulting with trainers, HEIs and key stakeholders.

## 2. Evaluation

### a. Evaluation process:

*aa) Self-evaluation report:* The accreditation/inspection process begins with the completion of an evidence-based self-evaluation report by the HEI/training site based upon the Medical Council's standards<sup>32</sup>.

*bb) Desk review:* The self-evaluation report is submitted to the Medical Council. A team<sup>33</sup> is convened, which conducts a review of the report and supporting documents. The team consists of one or two experts in medical education/training<sup>34</sup>, and one council member<sup>35</sup>. There is always lay as well as professional representation on the team.<sup>36</sup> If the review concerns a specialty post-graduate programme, the team also includes at least one specialist (often two) from another country.

*cc) Site visit:* Once the review has been completed, the team conducts an on-site visit (or, in the case of specialty postgraduate training programmes, convenes a meeting, normally at the Medical Council's offices).

28 i.e. university hospitals.

29 <https://www.medicalcouncil.ie/Education/Career-Stage-Intern/Quality-Assurance/Standards-for-Granting-Cert-of-Experience.pdf> (last accessed 09.04.2019).

30 Although ministerial approval must be sought once approval has been granted by the council – see V.2.a. ff).

31 <http://www.irishstatutebook.ie/eli/2007/act/25/enacted/en/html> (last accessed 09.04.2019).

32 [https://www.medicalcouncil.ie/Education/Career-Stage-Postgraduate/Quality-Assurance/Clinical-Training-Site-Inspections-/Criteria-for-specialist-training-sites\\_FINAL.pdf](https://www.medicalcouncil.ie/Education/Career-Stage-Postgraduate/Quality-Assurance/Clinical-Training-Site-Inspections-/Criteria-for-specialist-training-sites_FINAL.pdf)

33 The team consists of one or two experts in medical education/training who may/may not be medical practitioners and are external to the council, and one council member who may/may not be a non-medical professional. There is always lay as well as professional representation on the team. The Medical Council has recruited an Education and Training Assessor Panel to draw from for this purpose. If the review concerns a specialty post-graduate programme, the team also includes at least one specialist (often two) from another country.

34 These may/may not be medical practitioners and are external to the council.

35 This person may/may not be a non-medical professional.

36 The Medical Council has recruited an Education and Training Assessor Panel to draw from for this purpose.



During the visit, the team will meet with managers, trainers, faculty, heads of schools, and students/interns/trainees. This process takes one day for postgraduate and clinical sites, while site visits for undergraduate programmes take two days and include visits to core clinical training sites.

*dd) Report:* Once the site visit has been completed, the team prepares a report with its recommendations on whether the programme complies with the standards. In the case of undergraduate programmes and clinical sites, the team spends the day after the visit writing the report. In the case of postgraduate programmes, the report is discussed during the meeting on the day and recommendations are made.

*ee) Fact checking and committees:* Before the report is sent to council, it is sent to the HEI for fact checking. After the HEI reviews the report

for factual accuracy, it is sent to the Medical Council's Education and Training Committee, where it is agreed and recommended to council for approval; however, the HEI/site is given a short window within which to request a review of the process which led to the recommendations in the report, prior to the report being sent to council for a decision. This has not been utilised to date but exists to allow the HEI/site to question the accreditation/ inspection process if they feel due process was not followed.

*ff) Decision:* Council makes the final decision in respect of accreditation, but this is also subject to ministerial approval in the case of programmes.

**b. Publication of reports:** The Medical Council publishes the report prepared by the panel in respect of the HEI. The Medical Council now also publishes regional clinical training site

reports<sup>37</sup>. It does not currently publish reports on specialist postgraduate accreditations but intends doing so in the future.

**c. Method of accreditation:** The Medical Council accredits the title of the award of the programme for undergraduates and postgraduates. For clinical sites<sup>38</sup> the Medical Council approves the facility for teaching and clinical training.

**d. Duration of accreditation process:** The accreditation process for a programme takes approximately six to nine months.<sup>39</sup>

**e. Appeals process:** Council's decisions regarding accreditation of programmes may be appealed to the High Court of Ireland.

**f. Fees:** The Medical Council currently absorbs all costs related to the accreditation process, with the exception of travel and subsistence costs associated with the accreditation of foreign Irish medical degree programmes (there are three of these in Malaysia and Bahrain, see V.5, below) and applications for recognition of new specialties.

### 3. Review of accreditation

**a. Accredited programmes:** The Medical Council currently accredits programmes in six medical schools in Ireland (nine programmes in total)<sup>40</sup> and a further three Irish medical degree programmes are accredited abroad (see V.5, below).

In addition, the Medical Council is reviewing all 57 postgraduate programmes<sup>41</sup> with a view to accrediting them. To date, 23 postgraduate programmes have been accredited<sup>42</sup> since the standards were approved in 2011.

The Medical Council began inspecting clinical training sites in 2017 and nine clinical sites have been visited to date, with a further 10 sites to be visited in 2018.<sup>43</sup>

**b. Accreditation cycle:** The Medical Council tends to accredit programmes on five-year cycles, unless a programme is new and needs to be monitored on an annual/bi-annual basis at first.

**c. Recognition of accreditation awarded by other bodies:** The Medical Council does not recognise accreditation awarded by other bodies as evidence of meeting the Medical Council's standards. It is legally obliged to carry out this accreditation work itself.

### 4. Monitoring arrangements

**a. Accreditation outcome:** The Medical Council's accreditation report may contain conditions<sup>44</sup>, recommendations, and commendations, as well as a compliance rating, using a traffic light system (non-compliant; partially compliant; compliant). Conditions are issues that must be corrected; recommendations are things that should be amended in order to guarantee/improve

37 For further details, see <https://www.medicalcouncil.ie/News-and-Publications/Press-Releases/Press-Release/Items/Medical-Council-Publishes-the-first-Reports-into-Inspections-of-Clinical-training-sites-in-the-South-South-West-and-Saolta-Hospital-Groups.html> (last accessed 09.04.2019).

38 i.e. university hospitals.

39 Although if a new postgraduate speciality is being offered, it could take three to four years for accreditation to be granted, because the speciality would first need to be recognised in order for the HEI to seek accreditation for the programme.

40 For further details, see <https://www.medicalcouncil.ie/Education/Career-Stage-School-Students/Your-Questions-Answered/> (last accessed 09.04.2019).

41 For further details, see <https://www.medicalcouncil.ie/education/Speciality-Options/> (last accessed 09.04.2019).

42 <https://www.medicalcouncil.ie/Education/Career-Stage-Undergraduate/Quality-Assurance/Medical-School-Accreditation/Accreditation-Reports/Medical-School-Accreditation-Reports.html>

43 In total, there are 88 clinical training sites and the Medical Council has a four-year schedule to visit them region by region, in line with the HSE's Hospital Groupings.

44 Although a clinical site cannot be accredited subject to conditions.

future compliance; and commendations award recognition for exceptional work in meeting the standards.

**b. HEI response to conditions and recommendations:** HEIs must prepare an action and implementation plan within three months of accreditation to address the conditions and recommendations set out in the report. The HEI is then invited to meet with the Medical Council at its office to present the action and implementation plan and to give feedback on the accreditation/inspection process. The HEI must submit a status report on an annual basis, setting out how it has addressed (or is addressing) the conditions and recommendations, as well as any other issues that arise.

**c. Material changes to accredited programmes:** HEIs must contact the Medical Council in the event that it makes any material changes to its programme. Material changes include any changes to curriculum, assessments, or number of admitted students. The Medical Council requires as much information as possible about the material change in order to decide if the change requires approval, a full re-accreditation visit, or further monitoring.

## **5. International links and collaborations**

The Medical Council's accreditation processes are evaluated by the US Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA) to assess their comparability with US standards for medical education and training. A determination of comparability of accreditation standards by the NCFMEA is an eligibility requirement for Irish medical schools to

participate in the William D. Ford Federal Direct Student Loan Program. In addition, the Medical Council will be seeking World Federation for Medical Education (WFME) recognition as an accrediting agent in 2019.

The Medical Council accredits three medical school programmes internationally, where those programmes lead to Irish degrees. Two of the medical schools involved are in Malaysia (Penang Medical College and Perdana University) and one, in Bahrain (RCSI Medical University of Bahrain).

# **VI. Nursing and Midwifery Board of Ireland (NMBI)**

## **1. Standards**

**a. Development of standards:** Standards and requirements regarding nursing registration programmes were developed based upon national and international literature. These standards and requirements were approved by the Education, Training and Standards Committee and Board of NMBI. Currently, the NMBI is using standards and requirements that were approved in 2005, 2007 and 2016. NMBI operates under EU Directive 2005/36/EU, as amended by EU Directive 2013/55/EU, which enables recognition of professional qualifications, facilitating the free movement of nurses and midwives within the EU.

**b. Final authority on validation:** NMBI's board<sup>45</sup> is the final authority on validation. The board is composed of 23 members and has a lay majority. The nurses and midwives on the board

<sup>45</sup> Note that NMBI's board is similar in structure and responsibility to the other professional and regulatory agencies' councils. The board comprises 23 members with a lay majority of 12. Of the remaining 11 members, eight are registered nurses and midwives elected by the professions. The elected members represent the general, children's, psychiatric, intellectual disability, public health and midwifery disciplines. They represent the areas of nurse training, administration and clinical practice. A further three nurses and midwives are appointed by the Minister of Health. All board members act in a non-executive capacity. For further information, see <https://www.nmbi.ie/What-We-Do/Governance/Board-members> (last accessed 09.04.2019).



are elected by registered nurses and midwives and other members are appointed by the Minister for Health.

**c. Review of standards:** New standards were developed in 2016 and adopted by the board. These standards will take effect in September 2018.

## 2. Evaluation

### a. Evaluation process:

*aa) Self-assessment report:* The validation process begins with an evidence-based self-assessment of compliance with standards and requirements, which is completed by the HEI at least two months in advance of the site visit.

*bb) Desk review:* After the self-assessment report has been completed it is sent to NMBI with the curricula for a desk review, which is completed by professional officers. Once NMBI has completed the desk review, a panel is convened for the site visit. The panel consists of two members for each of the four disciplines of nursing.

*cc) Site visit:* During the site visit, the panel will tour the facilities, meet with the head of school, faculty, academic administrators, and students, and assess clinical sites. Site visits take approximately two to four weeks to complete.

*dd) Report:* After the site visit has been completed, draft reports are compiled.

*ee) Fact checking and committees:* After the report is complete, it is sent to the HEI and the associated healthcare provider (AHP) for fact checking. Once the HEI and AHP confirm factual accuracy, the report is sent to NMBI's Education, Training and Standards Committee<sup>46</sup>.

*ff) Decision:* After the Education, Training, and Standards Committee has reviewed the report it is brought to the board for final approval. The board then makes the final decision concerning validation of the programme.

**b. Publication of reports:** NMBI does not currently publish the reports, but it intends to publish reports in future.

**c. Method of validation:** NMBI validates the programme, facilities, including clinical sites, procedures, and assessment tools used by the HEI.

**d. Duration of validation process:** NMBI's validation process takes six months to complete.

**e. Appeals process:** NMBI's validation process can only be appealed to the President of NMBI within 30 days of the final decision of the board. This process of appeal has never been employed.

**f. Fees:** NMBI absorbs all the costs related to the validation process.

## 3. Review of validation

**a. Validated programmes:** NMBI currently validates 13 HEIs, which provide a total of 57 programmes.<sup>47</sup>

**b. Validation cycle:** NMBI validates programmes every five years.

**c. Recognition of validation awarded by other bodies:** NMBI does not recognise validation awarded to a HEI by other bodies as evidence that the HEI has complied with NMBI standards.

## 4. Monitoring arrangements

**a. Validation outcome:** NMBI validation reports may contain conditions and recommendations.

<sup>46</sup> The role of the Education, Training and Standards Committee is to perform certain of NMBI's board's delegated functions regarding education, training, standards and ethics as set out in its terms of reference and to make recommendations to the Board, where required. There are 11 members of this committee: six board members and five non-board members.

<sup>47</sup> For further details, see <https://www.nmbi.ie/Education/Undergraduate-programmes> (last accessed 09.04.2019).

Conditions are stipulations that must be complied with in order for a programme to be validated. Recommendations are suggestions that NMBI would like to see implemented if possible.

**b. HEI response to conditions and recommendations:** All HEIs submit an annual report and self-assessment to NMBI for a desk review. NMBI may conduct a site visit to ensure that the conditions have been met. The reports also contain updates in respect of the recommendations made by NMBI.

**c. Material changes to accredited programmes:** A HEI that makes a major change to its programmes must contact NMBI for validation. An example of a major change would be a change to the programme title. However, most changes are monitored in the yearly report.

## 5. International links and collaborations

NMBI does not recognise programmes jointly with other bodies, nor does it validate programmes in any other jurisdiction.

# VII. Pharmaceutical Society of Ireland (PSI)

## 1. Standards

**a. Development of standards:** The standards in respect of five-year fully integrated master's degree programmes in pharmacy were developed by a panel of three experts, supported by the PSI executive, and in consultation with the public. The current accreditation standards were approved by the PSI council in 2014.<sup>48</sup>

**b. Final authority on accreditation:** PSI's council is the final authority on accreditation.

It is composed of 21 members and has a lay majority, comprising 11 non-pharmacists and 10 pharmacists.

**c. Review of standards:** The standards will next be updated in 2019.

## 2. Evaluation

### a. Evaluation process:

*aa) Self-assessment report:* The accreditation process begins with an evidence-based self-assessment that is completed by the HEI based upon PSI's standards.

*bb) Desk review:* The self-assessment is submitted to the PSI and a paper-based review is carried out by an appointed accreditation team.

*cc) Site visit:* Once the paper-based review has been completed, the accreditation team carries out an on-site visit. These teams are made up of national and international pharmacy academics, one of whom serves as the chair of the on site team, healthcare [both pharmaceutical and non-pharmaceutical] experts, quality assurance and regulatory experts, and a rapporteur, supported by employees from the PSI. The team spends two to three days on the site visit: one day preparing, and two interviewing HEI staff. While on site, the team meets with the head of school, the head of programmes, academic administrators, educators, and students.

*dd) Report:* After the site visit, the rapporteur prepares a report with a recommendation as to whether the programme complies with standards and this report is reviewed by the accreditation team.

*ee) Fact checking and committees:* The report is then sent to the HEI to allow it to submit any comments and observations on the report. After the HEI review has been completed, the report is forwarded to PSI's Professional

48 [https://www.thepsi.ie/Libraries/Education/5Yr\\_Prog\\_Accreditation\\_Standards\\_FINALApproved\\_03102014.sflb.ashx](https://www.thepsi.ie/Libraries/Education/5Yr_Prog_Accreditation_Standards_FINALApproved_03102014.sflb.ashx) (last accessed 09.04.2019).



Development and Learning Committee<sup>49</sup>, an advisory committee to the council.

*ff) Decision:* After the Professional Development and Learning Committee approves the report, it is sent to the council to approve accreditation.

**b. Publication of reports:** PSI publishes a summary of the report online for the public.<sup>50</sup>

**c. Method of accreditation:** PSI accredits programmes based upon whether the programme in question meets the accreditation standards.

**d. Duration of accreditation process:** The Pharmaceutical Society of Ireland (Education and Training) (Integrated Course) Rules 2014<sup>51</sup> state that the council should consider an application and grant or refuse the application within a period of 120 days. Generally, PSI's accreditation process takes approximately six

months, from the time of the self-assessment to the point at which the council makes a decision in respect of accreditation.

**e. Appeals process:** There is no appeals process in respect of the council's decision on accreditation. However, if there is a recommendation in the report not to accredit the programme, the HEI may submit more evidence aimed at demonstrating that it has complied with standards before the council makes a decision concerning accreditation.

**f. Fees:** PSI absorbs all costs related to the accreditation process.

### 3. Review of accreditation

**a. Accredited programmes:** There are currently three PSI-accredited master's degree programmes in Ireland.<sup>52</sup>

49 The Professional Development and Learning Committee is composed of four pharmacists, three non-pharmacists, and one student pharmacist — three members of this committee are also council members.

50 See <https://www.thepsi.ie/gns/education/accreditation/accreditationreports.aspx> (last accessed 09.04.2019).

51 See [https://www.thepsi.ie/Libraries/Consultations/ETIC\\_SI\\_377of2014\\_FINAL.sflb.ashx](https://www.thepsi.ie/Libraries/Consultations/ETIC_SI_377of2014_FINAL.sflb.ashx) (last accessed 09.04.2019).

52 For details of the programmes accredited by PSI, see [https://www.thepsi.ie/gns/education/Training\\_as-a-pharmacist.aspx](https://www.thepsi.ie/gns/education/Training_as-a-pharmacist.aspx) (last accessed 09.04.2019).

**b. Accreditation cycle:** PSI's accredited programmes must be reaccredited approximately every four to five years.

**c. Recognition of accreditation awarded by other bodies:** Currently, PSI does not recognize accreditation awarded by other bodies as evidence of meeting any of its standards.

#### 4. Monitoring arrangements

**a. Accreditation outcome:** Each HEI accredited by PSI is required to send an annual status update to PSI concerning its accredited programme.

**b. HEI response to conditions and recommendations:** PSI's accreditation report may contain conditions and recommendations. Conditions must be met and the HEI must submit evidence that a condition has been met within a number of months (or address it by the next accreditation visit). HEIs must outline how they intend to address recommendations to ensure future compliance with the standards.

**c. Material changes to accredited programmes:** If a HEI makes any material changes to its (accredited) programme, it must report these to the PSI. An example of a material change is the increase in the number of learners admitted.

#### 5. International links and collaborations

There are at present no official links or collaborations in relation to accreditation between PSI and other bodies. However, PSI did engage with Ontario Canada when establishing in the new M.Pharm. programme some

years back. The PSI has a Memorandum of Understanding with the Accreditation Council for Pharmacy Education (ACPE) in the US.<sup>53</sup>

## VIII. Pre-Hospital Emergency Care Council (PHECC)

### 1. Standards

**a. Development of standards:** The standards in respect of paramedics, advanced paramedics (AP), and emergency medical technicians (EMT) in Ireland were developed by PHECC. There are specific Education and Training Standards for each practitioner level (paramedic, advanced paramedic and EMT).<sup>54</sup> Accompanying these standards are 31 Quality Standards, which form the Quality Review Framework (QRF)<sup>55</sup> for the Recognised Institutions (RI) to deliver education and training programmes to prepare students for sitting the National Qualification of Emergency Medical Technology (NQEMT) examination conducted by PHECC. Once developed, the standards were reviewed by the Education and Standards Committee<sup>56</sup> with a recommendation to council for adoption.

The council last adopted new Education and Training Standards in 2014. The QRF was approved in 2015. It was recently evaluated (May 2018) and is currently under revision. PHECC is required to comply with its obligations as the competent authority for EMTs, paramedics and advanced paramedics under the general system of recognition of professional qualifications provided in Part 2 of

53 For further details, see [https://www.thepsi.ie/tns/news/latest-news/newsarchive/news\\_archive/archive-2013/13-10-03/PSI\\_and\\_ACPE\\_Sign\\_Memorandum\\_of\\_Understanding\\_to\\_Advance\\_the\\_Quality\\_of\\_Global\\_Pharmacy\\_Education.aspx](https://www.thepsi.ie/tns/news/latest-news/newsarchive/news_archive/archive-2013/13-10-03/PSI_and_ACPE_Sign_Memorandum_of_Understanding_to_Advance_the_Quality_of_Global_Pharmacy_Education.aspx) (last accessed 09.04.2019).

54 For further details, see [http://www.phecit.ie/PHECC/Education\\_and\\_careers/Education\\_and\\_training\\_standards/PHECC/Education\\_and\\_careers/Education\\_and\\_Training\\_Standards/Education\\_and\\_Training\\_Standards.aspx?hkey=1733bd9d-1ea7-41e7-af20-8ab0f40ab846](http://www.phecit.ie/PHECC/Education_and_careers/Education_and_training_standards/PHECC/Education_and_careers/Education_and_Training_Standards/Education_and_Training_Standards.aspx?hkey=1733bd9d-1ea7-41e7-af20-8ab0f40ab846) (last accessed 09.04.2019).

55 For further details, see <https://www.phecit.ie/Images/PHECC/Career%20and%20Education/Quality%20Review%20Framework/STN020%20Quality%20Review%20Framework.pdf> (last accessed 09.04.2019).

56 For further details, see [http://www.phecit.ie/PHECC/What\\_we\\_do/Committees/Education\\_and\\_standards/PHECC/What\\_we\\_do/Committees/Education\\_and\\_Standards/Education\\_and\\_Standards.aspx?hkey=83dcd9b0-dccf-4aea-9c83-9782711772c8](http://www.phecit.ie/PHECC/What_we_do/Committees/Education_and_standards/PHECC/What_we_do/Committees/Education_and_Standards/Education_and_Standards.aspx?hkey=83dcd9b0-dccf-4aea-9c83-9782711772c8) (last accessed 09.04.2019).

the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 as amended by Directive 2013/55/EU (SI No. 7 of 2017).

**b. Final authority on accreditation:** PHECC's council<sup>57</sup> is the final authority on accreditation. The council is composed of 17 members, each of whom is appointed by the Minister for Health. The relevant statutory instrument<sup>58</sup> does not make specific reference to the council having a lay majority; however, the majority of the 17 council members are not PHECC registrants.

**c. Review of standards:** The suite of Education and Training Standards will next be updated between 2018 and 2019. The new Education and Training Standards will be drafted by PHECC with consultation with its stakeholders (e.g. practitioners, recognised institutions and others as appropriate). The standards must then be reviewed by the Education and Standards Committee before being recommended to and adopted by council. The Education and Training standards are reviewed in a three-year cycle.

## 2. Evaluation

### a. Evaluation process:

*aa) Self-evaluation report:* The accreditation process begins with an evidence-based self-assessment report (RISAR) based on the QRF. This report includes details concerning the RI/HEI's organisational structure and management, learning environment, faculty recruitment and development, and course development, delivery and review.

*bb) Desk review:* The HEI completes the report and then sends it to PHECC staff for a desk review. This consists of a document check, conducted by the quality review panel member (generally the Programme Development Officer)

to ensure that all the necessary information has been received from the HEI for the site visit.

*cc) Site visit:* In anticipation of the site visit, a panel is convened. The current panel consists of the chair (an external person with expertise in quality management and monitoring systems), an educationalist within the paramedicine profession and the PHECC Programme Development Officer for Education and Standards.<sup>59</sup> The site visit generally takes one day and is comprised of meetings with the RI/HEI's head of school, the head of the relevant department, the course director, faculty including paramedic and advanced paramedics, academic staff, and students. Administrative support persons may also be involved in the meetings.

*dd) Report:* After the site visit has been completed, the panel prepares a report. The report includes the panel's review of the RI's programme, an assessment matrix and recommendations regarding adherence to the QRF.

*ee) Fact checking and committees:* The report is then sent to the RI/HEI for fact checking, at which point the RI/HEI may provide clarification to establish that they have met the criteria outlined in the standards.

*ff) Decision:* The report, along with any feedback or clarifications by the RI/HEI, is sent to the council for review. The council then approves the report. The council has delegated authority to the Director for RI approval and renewal.

**b. Publication of reports:** PHECC publishes a redacted version of the panel's report 28 days after the council vote on accreditation. The published report does not include the assessment matrix.

57 For further details, see [http://www.phecit.ie/PHECC/What\\_we\\_do/Council/Members/PHECC/What\\_we\\_do/Council/Members/Members.aspx?Hkey=27dce388-0f24-4aef-8470-d1b0ccfa48b8](http://www.phecit.ie/PHECC/What_we_do/Council/Members/PHECC/What_we_do/Council/Members/Members.aspx?Hkey=27dce388-0f24-4aef-8470-d1b0ccfa48b8) (last accessed 09.04.2019).

58 S.I. No. 109/2000 - The Pre-Hospital Emergency Care Council (Establishment) Order, 2000, available at <http://www.irishstatutebook.ie/eli/2000/si/109/made/en/print> (last accessed 09.04.2019).

59 The composition of the panel is currently under review due to the revision of the QRF.

**c. Method of accreditation:** PHECC accredits the RI/HEI's programmes and the specific modules offered as they relate to course provision preparing students for the NQEMT.

**d. Duration of accreditation process:** PHECC's application and approval process for practitioner courses may take several months. The self-assessment report is required within a year of the initial approval of recognised institution status.

**e. Appeals process:** An RI/HEI may file an appeal concerning the council's decision in respect of RI approval and renewal processes for accreditation. If a decision is appealed, an appeal panel<sup>60</sup> is convened to determine the outcome of the appeal. To date there have been no appeals re accreditation.

**f. Fees:** PHECC charges RIs/HEIs €3000 every three years for the renewal accreditation process for RI status at NQEMT level (EMT, paramedic, advanced paramedic). PHECC also charges a one-time auxiliary cost of €600 for the specific programme application (separate from the initial or renewal application for RI status).

### 3. Review of accreditation

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**a. Accredited programmes:** PHECC has approved 11 organisations for the provision of EMT programmes, three for the provision of paramedic programmes and one for the provision of Advanced Paramedic programmes. Not all of these organisations are higher education institutions.<sup>61</sup>

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60 This panel consists of five people: two council members, a patient representative, and two additional members who cannot be council members. The panel must be chaired by a council member.

61 For more details on the organisations approved by PHECC, see [http://www.phecit.ie/PHECC/Education\\_and\\_careers/Recognised\\_institutions\\_and\\_courses/PHECC/Education\\_and\\_careers/Recognised\\_institutions\\_and\\_courses/Recognised\\_institutions\\_and\\_courses.aspx?Hkey=12023bf0-cc43-4b33-b6bf-0c1735687ec7](http://www.phecit.ie/PHECC/Education_and_careers/Recognised_institutions_and_courses/PHECC/Education_and_careers/Recognised_institutions_and_courses/Recognised_institutions_and_courses.aspx?Hkey=12023bf0-cc43-4b33-b6bf-0c1735687ec7) (last accessed 09.04.2019).



**b. Accreditation cycle:** PHECC accredits RI/HEI programmes for a period of three years.

**c. Recognition of accreditation awarded by other bodies:** PHECC acknowledges QQI/ NQF awards in relation to the practitioner courses. However, the RI/HEI must meet PHECC standards in full.

#### 4. Monitoring arrangements<sup>62</sup>

**a. Accreditation outcome:** After accreditation has been awarded, the RI/HEI must submit a quality improvement plan to PHECC within four weeks. The RI/HEI must implement the quality improvement plan within one year with the help of PHECC. This includes one 'support visit' by PHECC staff to assist the RI/HEI. At the end of the twelve-month period, the RI/HEI must submit a progress report on the quality improvement plan and an updated quality improvement plan for the coming year.

**b. HEI response to conditions and recommendations:** PHECC's accreditation report may contain conditions and recommendations. Conditions must be met by the RI/HEI and recommendations addressed to ensure future accreditation. Conditions and recommendations are addressed in the quality improvement category.

**c. Material changes to accredited programmes:** RIs/HEIs must contact PHECC to approve accreditation of a programme in the event that it makes any material changes to that programme.

#### 5. International links and collaborations

PHECC does not award joint recognition to practitioner programmes with other bodies.

PHECC does not accredit programmes in jurisdictions outside of Ireland. However, it has approved external clinical placement sites in the UK as part of a paramedic programme.

## IX. Royal Institute of the Architects of Ireland (RIAI)

### 1. Standards

**a. Development of standards:** The RIAI standards in respect of architects<sup>63</sup> and architectural technologists<sup>64</sup> were drafted in 2009 and 2010 respectively by taskforces appointed by RIAI's council comprising experts from academia, architectural practice and education.<sup>65</sup> Each of the standards was then adopted by RIAI's council. The *RIAI Standard of Knowledge Skill and Competence for Practice as an Architect* is based on Article 46 of Directive 2005/36/EC as amended by EU Directive 2013/55/EU.

**b. Final authority on accreditation:** RIAI's council is the final authority on RIAI accreditation of programmes in architecture prior to recommendation to the Minister for prescription and thereafter notification to

62 As noted above, the QRF is currently under revision and the Practitioner (EMT, paramedic and advanced paramedic) Education and Training Standards will be reviewed this year (2018). Thus, governance arrangements as described here are drawn from the current QRF and may be amended regarding timeframes and information required for submission to PHECC.

63 RIAI Standard of Knowledge, Skill and Competence for Practice as an Architect, accessible at [https://www.riai.ie/uploads/files/RIAI\\_Standard\\_Knowledge\\_Skill\\_Compentence\\_Architect\(1\).pdf](https://www.riai.ie/uploads/files/RIAI_Standard_Knowledge_Skill_Compentence_Architect(1).pdf).

64 RIAI Standard of Knowledge, Skill and Competence for Practice as an Architectural Technologist, accessible at [https://www.riai.ie/uploads/files/RIAI\\_Standard\\_Knowledge\\_Skill\\_Compentence\\_Architectural\\_Technologist\\_2010.pdf](https://www.riai.ie/uploads/files/RIAI_Standard_Knowledge_Skill_Compentence_Architectural_Technologist_2010.pdf).

65 The standards describe the requirements for professional practice as an architect and as an architectural technologist and are intended to provide those seeking registration as an architect or RIAI architectural technologist membership with a clear statement of what is required for recognition as an architect or an architectural technologist at the professional level. They are also intended to provide a framework for continuing professional development, keeping architects and architectural technologists aware of the key areas of knowledge skill and competence which must be maintained for effective practice.

Europe. RIAI's council is the final authority on RIAI accreditation of programme in architectural technology. The council is composed of 36 members, each of whom is elected by the RIAI members.

**c. Review of standards:** The standards were last reviewed in 2009, when the registration system for architects was established. The RIAI Board of Architectural Education is responsible for reviewing the standards as and when required based on Article 46 of Directive 2005/36/EC as amended by EU Directive 2013/55/EU.

## 2. Evaluation

### a. Evaluation Process:

*aa) Self-evaluation report:* The accreditation process begins with an evidence-based self-assessment report that is completed by the HEI.

*bb) Desk review:* After the self-assessment report has been sent to RIAI it undergoes a desk review comprising a thorough evaluation of the content submitted. This review is carried out by the RIAI Accreditation Process Advisor<sup>66</sup> in consultation with the RIAI visiting board appointed to review the specific programme to be accredited/prescribed. The visiting board is nominated by the RIAI Board of Architectural Education from a panel, the members of which have undergone training for the role. It is appointed by RIAI's council before the accreditation/prescription process is initiated. Each visiting board consists of a chair and at least four ordinary members. After the desk review has been complete, the RIAI visiting board conducts the site visit.

*cc) Site visit:* Evaluation of an accredited/prescribed programme takes place every five years. In this case the panel conducts two

site visits. The first visit focuses on meeting representatives of the HEI including the head of the relevant school, the head of the programme, faculty, academic administrators, and students. The second site visit focuses on reviewing student work, assessments, and models from class work.

*dd) Report:* When both site visits have been completed, the panel prepares a report on the HEI and makes recommendations concerning accreditation. This report is presented to the Board of Architectural Education for recommendation to RIAI Council.

*ee) Fact checking and committees:* After the report has been completed, it is sent back to the HEI to confirm factual accuracy.

*ff) Decision:* When the report is returned by the HEI, it is sent to the council for a decision in respect of accreditation.

**b. Publication of reports:** RIAI does not publish the report produced by the panel after the site review.

**c. Method of accreditation:** RIAI accredits the programme, the title of the award, and the HEI's facilities.

**d. Duration of accreditation process:** Any new programme that has been granted provisional approval will be visited annually by a visiting board until the first cohort of students has completed the programme.<sup>67</sup> A qualification is normally granted prescribed/accredited status for a maximum period of five years. Subsequent evaluation of a prescribed/accredited programme is usually completed in one academic year comprising a documentary submission, two phased visits (usually in spring and pre-summer), preparation of a final visiting board report and decision by RIAI's council in September.

66 The RIAI Accreditation Process Advisor is a person with expertise in architectural education appointed by the RIAI, his/her role is to provide professional and technical advice and support to the visiting boards in relation to all accreditation procedures.

67 Therefore, the earliest point at which full accreditation can be granted is the year in which the cohort of students who entered the programme when the accreditation process was initiated proceed to graduation.



**e. Appeals process:** If a HEI wishes to appeal council's decision concerning accreditation of the HEI's programme, this must be done within 28 business days. The HEI must submit the appeal in writing to the Board of Architectural Education<sup>68</sup>. A prescription appeals board will be convened and make a final decision concerning accreditation.<sup>69</sup>

**f. Fees:** RIAI charges HEIs a fee of €7500 incl. VAT for the five-yearly two-phase accreditation/prescription process. A significantly reduced fee is charged for a re-visit occurring within 12 months of a quinquennial review.

### 3. Review of Accreditation

**a. Accredited programmes:** RIAI currently has five accredited architecture programmes at six HEIs. RIAI has seven accredited architectural technology programmes at five HEIs.<sup>70</sup>

**b. Accreditation cycle:** RIAI accredits programmes every five years.

**c. Recognition of accreditation awarded by other bodies:** The RIAI does not recognise accreditation awarded by another body as evidence of meeting the RIAI's standards.

### 4. Monitoring Arrangements

**a. Accreditation outcome:** The RIAI's accreditation report may contain conditions and recommendations. Conditions must be

met in order to ensure that the HEI programme complies with standards. Recommendations should be complied with to ensure that the HEI programme continues to comply with standards.

**b. HEI response to conditions and recommendations:** At the conclusion of a cycle of accreditation visits the visiting board may recommend continued accreditation/prescription subject to the HEI meeting a set of specific recommendations or conditions set out in the visiting board report. The visiting board may recommend that the programme be revisited within a certain period (often 12 months) to ensure that the recommendations/conditions of the board have been adopted by the HEI. Additionally, the RIAI organises a regular (biannual) forum with the heads of schools and programme directors.

**c. Material changes to accredited programmes:** If a HEI makes a material change to an accredited programme, it must contact RIAI to renew accreditation of that programme. Examples of a material change would be a change to the programme title or any change concerning standards.

### 5. International Links & Collaborations

The RIAI is an active member of the Architects Council of Europe (ACE) and the European Network of Competent Authorities (ENACA).

68 The Board of Architectural Education consists of not less than eleven persons, including the President and Honorary Secretary, of whom at least seven shall be Registered Members of the Institute (RIAI). The functions of the Board of Architectural Education are to consider and investigate any subject appertaining to the branches of the profession of Architecture with which it is entrusted and to make reports and recommendations thereon to the Council and to perform such duties as shall from time to time be assigned to it by the Council.

69 The Prescription Appeals Board consists of a chair and five ordinary members appointed by the Registration Body as follows: two architects with expertise in accreditation processes for programmes in architecture, nominated for such appointment by the registration body, one of whom shall be from another jurisdiction; one person, not an architect, nominated for such appointment by the Higher Education Authority who has expertise in accreditation processes for programmes in other discipline/s; two persons who are not architects, nominated for such appointment by the registration body, who are members of the Technical Assessment Board, Appeal Board or the Professional Conduct Committee and nominated to that Board or Committee by the Minister under Part 3 of the Building Control Act 2007. The chair shall be a Fellow of the Chartered Institute of Arbitrators - Irish Branch.

70 For further details of all programmes accredited by RIAI, see [http://www.riai.ie/education/becoming\\_an\\_architect/](http://www.riai.ie/education/becoming_an_architect/) and [https://www.riai.ie/education/careers/becoming\\_an\\_architectural\\_technologist](https://www.riai.ie/education/careers/becoming_an_architectural_technologist)



The RIAI collaborates with the Union of International Architects (UIA), the regional 5 Presidents Group (ROI, NI, UK, Scotland and Wales), and with the Irish Inter-Professional Association (IIPA). The key areas of the RIAI's international affairs work are knowledge exchange, policy input and advocacy through engagement at international, regional, bilateral, and at inter- and intra-professional levels.

## X. Society of Chartered Surveyors Ireland (SCSI)

### 1. Standards

**a. Development of standards:** The standards in respect of surveyor programmes are based

upon the standards of the Royal Institution of Chartered Surveyors, as well as additional standards drafted by SCSI staff. SCSI's council adopted the standards of the Royal Institution of Chartered Surveyors and the standards drafted by the SCSI staff. The standards currently in use were adopted in 2007.

**b. Final authority on accreditation:** SCSI's council<sup>71</sup> is the final authority on accreditation. In relation to the governance of the profession on an ongoing basis, the supreme body is SCSI's council, of which SCSI's president acts as chairman. The function of council is to make decisions on matters of policy, which are then implemented by various subsidiary committees and boards. Representation on council is from two sources, by direct election and by ex-officio representation<sup>72</sup>.

**c. Review of standards:** The standards are currently under review. The revised standards

71 Council is composed of the SCSI President, Senior Vice President, Second Vice President, Immediate Past President, Honorary Treasurer, the Chair of each of the SCSI's Professional Groups, Elected Members, Standing Committee Chairs, Young Members Committee Chair and RICS Ireland Board and International Governing Council. See [https://www.scsi.ie/about\\_us/council](https://www.scsi.ie/about_us/council) for further details (last accessed 09.04.2019).

72 For example, Honorary Officers and representatives from the various divisions.

will be drafted by SCSl staff in compliance with the Royal Institution of Chartered Surveyors' (RICS) standards. After the standards are finalised, the council will adopt them. Standards are reviewed approximately every ten years.

## 2. Evaluation

### a. Evaluation process:

*aa) Self-evaluation report:* The accreditation process begins with the completion of an evidence-based self-evaluation report by the HEI in question. The report must be submitted three months in advance of the site visit.

*bb) Desk review:* After the self-evaluation report is received, a five-person panel<sup>73</sup> is convened. A desk review of the HEI's report is conducted by SCSl and the panel in preparation for the site visit – SCSl takes the lead, but the desk review is conducted by the full panel. Content is checked and evaluated at this point to ensure that all requested content is included and that any stipulated thresholds have been met.

*cc) Site visit:* The site visit takes place over one day. While at the HEI, the panel meets with the president of the HEI or their representative, the head of the relevant school, the head of the programme in question, faculty, academic administrators, and students from every year.

*dd) Report:* After the site visit, the panel prepares a report concerning accreditation.

*ee) Fact checking and committees:* When the report is complete, it is sent back to the HEI for confirmation of factual accuracy.

*ff) Decision:* Once the report is returned to SCSl, SCSl's Accreditation Committee will make a recommendation on accreditation to

the SCSl board and council. Council will then determine the final outcome of the application for accreditation.

**b. Publication of reports:** SCSl does not publish the panel's report. However, the report is sent to the HEI for comments and it is distributed to key HEI staff.

**c. Method of accreditation:** SCSl accredits the content of the programme and the programme title.

**d. Duration of accreditation process:** SCSl's accreditation process takes approximately 12 to 18 months for first accreditations.<sup>74</sup> Subsequent accreditations take approximately six months.

**e. Appeals process:** SCSl's council's decisions in respect of accreditation can be appealed to SCSl's council. The appeals process has never been triggered.

**f. Fees:** SCSl absorbs all costs related to the accreditation process.

## 3. Review of accreditation

**a. Accredited programmes:** 24 programmes at nine HEIs are currently accredited by SCSl.<sup>75</sup>

**b. Accreditation cycle:** SCSl accredits programmes in five-year cycles.

**c. Recognition of accreditation awarded by other bodies:** SCSl does not recognise accreditation awarded by other bodies as evidence of compliance with SCSl standards, with the exception of programmes accredited by the RICS.

## 4. Monitoring arrangements

**a. Accreditation outcome:** The panel may include conditions and recommendations in the report. Depending on the nature of conditions,

73 The panel consists of one academic, one member of the SCSl staff, and three practicing surveyors.

74 This is from the time a HEI contacts SCSl for accreditation to the time that the council makes a determination.

75 For further details, see [https://www.scsi.ie/education/scsi\\_accruited\\_courses/cao\\_third\\_level\\_courses](https://www.scsi.ie/education/scsi_accruited_courses/cao_third_level_courses) (last accessed 09.04.2019).

the expected turnaround for meeting conditions is between three and six months.

**b. HEI response to conditions and recommendations:** SCSl staff has informal quarterly meetings with HEI heads of school, or their representative. Additionally, HEIs submit annual reports to SCSl giving statistics on intake and attrition rates. Approximately 18 to 24 months after a programme has been accredited, SCSl meets with the HEI concerning its next accreditation.

**c. Material changes to accredited programmes:** If any material changes are made to an accredited programme, the HEI in question must contact SCSl for renewal of accreditation.

## 5. International links and collaborations

SCSl does not recognise any programmes jointly with other bodies with the exception of those programmes accredited by the Royal Institution of Chartered Surveyors.

SCSl does not accredit programmes in any other jurisdictions.

# XI. Teaching Council

## 1. Standards

**a. Development of standards:** The standards for accreditation of undergraduate and master's degree teaching programmes were developed based upon international evidence surrounding best practice and upon consultation with stakeholders. There are three phases to the Teaching Council's consultation process:

Phase 1: a consultative forum constituted of HEI staff is established and, based on the feedback of forum members, a report is subsequently published;

Phase 2: stakeholders<sup>76</sup> are notified of an online survey via email, the Teaching Council website and social media, and the results are analysed and collated in a report, which is submitted to the council; consultation sessions with stakeholders are then held to collect qualitative data.

Phase 3: taking account of phases 1 and 2, the Teaching Council's standards are reviewed and revised as appropriate and subsequently consulted on by means of a further consultative forum comprised of stakeholders.

When new standards are drafted, the standards must be adopted by the council before being implemented.

**b. Final authority on accreditation:** The final authority on accreditation is the Teaching Council. The council is composed of 37 members and has a lay majority. These members are either elected by their peers or appointed by the Minister for Education and Skills.

**c. Review of standards:** Currently, the council is using the standards that were adopted in 2012. These standards were due to be reviewed in 2017; however, based on feedback gathered in phase 1 of the consultation programme, it was decided that the review should instead take place in 2020, as the four-year teacher-training programmes were still only in their first iteration in 2017, and the five-year programmes in their second. It was felt that there was a need to establish the impact of the programmes on teaching and learning in the classroom before conducting a review of the standards. Following the review of standards in 2020, the standards will be updated in five-year cycles. As was the case when establishing the standards initially, the Teaching Council will update the standards by working in tandem with stakeholders.

<sup>76</sup> Stakeholders include school placement directors/teacher tutors and educators; student teachers; newly-qualified teachers; and co-operating teachers.

## 2. Evaluation

### a. Evaluation process:

*aa) Self-evaluation report:* The accreditation begins with a proforma evidence-based self-evaluation report that is completed by the HEI.

*bb) Desk review:* Once completed, the self-evaluation report is sent to the Teachers Council for a staff desk review. There is an initial document check, followed by an evaluation of content. Teaching Council staff ensure that there is sufficient evidence for a panel of evaluators to issue a recommendation as to whether the programme in question complies with the Teaching Council's standards.

*cc) Site visit:* Once the desk review has been completed, an on-site team is convened. This panel is made up of three to seven members. It reviews and evaluates the programme documentation and then decides whether or not a site visit is necessary. If the panel decides to conduct a site visit, this will occur in two phases and take three days to complete. The panel evaluates the programmes and

the schools where learners complete their placements. The site visit begins with a preliminary visit to allow for scheduling. Then the panel visits the HEI and meets with its president, dean of school, academic administrators, faculty, tutors, and students.

*dd) Report:* After the site visit is complete, the panel prepares a report concerning the HEI's programme and makes recommendations regarding accreditation.

*ee) Fact checking and committees:* The report is sent back to the HEI to be reviewed and fact checked.

*ff) Decision:* After the report is returned by the HEI, it is sent to council for review. It is the council that makes the final decision concerning accreditation.

**b. Publication of reports:** Once the panel report has been submitted to the council and a response from the provider in question has been issued, the proforma self-evaluation report, panel report and the council report are published on the Teaching Council's website.





**c. Method of accreditation:** The Teaching Council accredits the programme based upon whether it meets the professional standards required by council.

**d. Duration of accreditation process:** The duration of the accreditation process varies between six months and 12 months.

**e. Appeals process:** The Teaching Council does not have an internal appeals process; however, HEIs that have been refused accreditation by the Teaching Council may appeal the decision to the High Court. To date, this course of action has not been taken by any HEI.

**f. Fees:** The Teaching Council charges HEIs the appropriate fee to allow for reimbursement

of panellists' travel expenses and for administrative support.

### **3. Review of accreditation**

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**a. Accredited programmes:** The Teaching Council currently accredits 70 programmes in 21 HEIs.<sup>77</sup>

**b. Accreditation cycle:** The Teaching Council accredits programmes for a period of five years.

**c. Recognition of accreditation awarded by other bodies:** The Teaching Council does not recognise accreditation awarded by other bodies.

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77 For further details, see <https://www.teachingcouncil.ie/en/Teacher-Education/Initial-Teacher-Education/Providers-of-Initial-Teacher-Education/> (last accessed 09.04.2019).

#### 4. Monitoring arrangements

**a. Accreditation outcome:** Teaching council accreditation reports may contain stipulations<sup>78</sup>, recommendations and commendations.

**b. HEI response to conditions and recommendations:** Stipulations must be met within three months of accreditation being granted. The HEI must complete annual progress reports with updates on how the HEI is addressing the recommendations.

**c. Material changes to accredited programmes:** HEIs must contact the Teaching Council for reaccreditation if there is a material change to the programme, for example, changes to the title of the programme, the structure, the number of required completed credit hours, components of the programme, entry requirements, changes in approach to teaching, changes in approach to learning, or changes in the approach to assessment.

The Teaching Council does not define 'material' changes; however, it does provide a number of examples of changes that would be considered material in its *Initial Teacher Education: Strategy for the Review and Professional Accreditation of Existing Programmes (September 2011)*<sup>79</sup>:

- a change to the title of a programme;
- a change to the structure of a programme;
- a significant change to the number of credits carried by the programme or its components;
- a change to entry requirements;
- the introduction of a new approach to teaching, learning and assessment (e.g. distance or on-line learning).

If a HEI wishes to make a significant change to a programme, it may do so, but, in such cases, the revised programme will be subjected to interim review, which may include:

- the submission to the Teaching Council of documentation pertinent to the material change to the programme;
- review panel visits (which would be shorter in duration than panel visits conducted during a full review).

#### 5. International links and collaborations

The Teaching Council operates under the EU Directive on the Recognition of Professional Qualifications<sup>80</sup>.

78 Stipulations are unique to the Teachers Council but are functionally equivalent to conditions.

79 See *Initial Teacher Education: Strategy for the Review and Professional Accreditation of Existing Programmes (September 2011)*, p. 9. Accessible at <https://www.teachingcouncil.ie/en/Publications/Teacher-Education/Initial-Teacher-Education-Strategy-for-the-Review-and-Professional-Accreditation-of-Existing-Programmes.pdf> (last accessed 09.04.2019).

80 Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012.





# C. Conclusions

The following conclusions are based on an analysis of the information gathered from the bodies discussed in this report. They reflect the trends observed within the various accreditation/approval processes employed by the bodies. The points discussed in this section are not based upon a single body, and no part should be assumed to refer to one body in particular.

## I. Processes in flux

Many of the bodies interviewed are currently in a state of flux. This is generally for one of two reasons: they are in the process of establishing new standards, or they are updating existing standards. There is a significant variety in the scope of programmes covered by the bodies. While some accredit/approve only one type of programme, others are tasked with dealing with a plethora of programmes, each of which requires a unique set of standards. As such, some bodies are still in the process of establishing standards and accrediting/approving all programmes under the body's remit, while other bodies are still in the process of establishing the boards that will oversee accreditation/approval.

For those bodies that have established boards and standards, there remains the task of regularly updating the standards. While some bodies have already developed a review procedure with regularly scheduled reviews, others are still facing this challenge. As noted in the previous paragraph, many bodies are in the process of updating their standards to rectify existing inadequacies and maintain best practice. Furthermore, all of the bodies discussed in the report review and revise (or intend in future to review and revise) their standards and their accreditation/approval process procedures on a regular basis. This means that some of the procedures and

processes outlined in this report will only be relevant for a limited time.

## II. Trends observed

### 1. Similar accreditation/approval processes

The bodies discussed in this report must complete similar tasks that require similar work to be done. From the accounts of the individual processes set out in section B, it can be seen that all of the bodies have established comparable processes to accomplish the task of accreditation/approval. As there is a number of different types of bodies, and because the bodies were established at different times, these processes are all at different stages of development. Some of the bodies have a well-established accreditation/approval system, while others are still in the process of establishing the system. It is interesting to note that all of the bodies are creating similar accreditation/approval processes and encountering similar issues. However, there seems to be little communication between the bodies concerning the accreditation/approval process. Despite substantial differences between the professions concerned and between the requisite standards, the logistical side of accreditation/approval is, on the whole, similar. All of the bodies face similar issues: financing the accreditation/approval process, finding panel members for the site visits, etc. It may be advantageous to establish a forum or other mechanism to enable the bodies to engage in more frequent communication, e.g. exchanging information on best practice and – for those setting up or updating their accreditation/approval procedures – learning from the experiences of others.

## **2. The public interest model**

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Another trend observed is the shift to utilising the public interest model. Part of this model is the requirement for public consultation when reviewing standards. This allows for more input from members of the community who deal with these professionals and from the professionals themselves. If the goal of the bodies is to ensure that learners are being educated to the level necessary to guarantee professional competence, then eliciting the opinions of members of the community who are involved with the professions, or who are members of the profession themselves, is crucial.

The public interest model tends to lead to a governing board with a lay majority. This means that the board has a majority of members who are not members of the profession that the body governs. This is intended to provide the board with a variety of perspectives free from bias. Due to Ireland's size, many of the bodies deal with a limited number of education programmes and professionals. Instituting a lay majority on the governing board aims to facilitate the board functioning free of bias, as the members are unlikely to have been involved with the programmes in any way. Furthermore, it aims to allow decision making to be free of any bias concerning personal views on accreditation/approval that a working professional may have garnered from practice and also goes some way towards introducing fresh ideas to the process.

## **3. International panel members**

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Another common practice that is aimed at alleviating bias is the involvement of site visit panel members from other countries. This pool of people – academics, heads of schools, accreditors/approvers, and professionals – is removed from the sphere of Ireland and is unlikely to have the same biases surrounding accreditation/approval. The aim of utilising foreign nationals is to free the accreditation/approval process of prejudice and to promote

transparency. International panel members also bring with them their expertise concerning best practice in their home countries.

## **III. Commendations in accreditation/approval report**

Almost all the bodies allow for conditions and recommendations to be included in the final accreditation/approval report – or some similar form of mandated changes to be implemented by HEIs to meet the relevant standards. However, few include commendations in their report. It is suggested that commendations should not be given to every learning institution and should not signify that the standards have merely been met; they should, rather, be given only on those occasions when a learning institution's practice is truly exemplary or innovative. Their use should signal to other institutions that the commended practice is one that other institutions should consider implementing – the intention should be to increase the quality of all programmes. Of course, this is only possible if the body publishes the accreditation/approval report.

## **IV. Need to define material changes**

Bodies accredit/approve an institution's programme for a finite period of time. However, programmes can change quite drastically within that period. To prevent programmes from changing too much without the body's approval, many bodies accredit/approve the programme subject to the stipulation that, if the institution makes a material change to the programme before the next accreditation/approval, the HEI must notify the body for reaccreditation/reapproval. Often, there is no definition of what constitutes a material change, although there are some material changes that the bodies all

agree would require reaccreditation/reapproval: a significant change in the number of students admitted to the programme, for example, or a change in the award title. However, in most cases, there is binary uncertainty surrounding what constitutes a material change.

One way that some bodies are dealing with this issue is by establishing explicit provisions, such as student to faculty ratios – these clearly define the number of students that the institution is permitted to admit to their programme before it must notify the body. However, even where explicit provisions are in place, a grey area will always exist. This grey area is why monitoring arrangements are so important. Those bodies that have monitoring arrangements are not always in constant contact with the HEIs whose programmes they accredit/approve; some may even go for years without communicating with the learning institution about its compliance with standards.

There seem to be two best practices to avoid this issue: regular meetings between the body and the HEI, and regular reporting by the HEI to the body on its continued compliance with the relevant standards. Regular meetings involve informal meetings between the body and the head of the school to discuss the programme, the programme's success, and any material changes. Periodic reports, often annual reports, cover statistics concerning the success of the programme and any changes to the programme. This type of constant oversight allows the bodies to be cognisant of any changes as they occur and to decide if they are material. This means that no learning institution can make a material change to a programme without undergoing the reaccreditation/reapproval procedure.

## V. Need to define the appeals process

A clearly defined appeals process in relation to the accreditation/approval decision is essential to ensure that due process is not violated. In some cases, the only appeals process available is to appeal a decision to refuse accreditation/approval to the High Court of Ireland. This process is extremely costly for both sides and may have a chilling effect on institutions utilising it. For institutions, appealing programmes to the High Court would require an extraneous process that could be too expensive for some institutions to finance. This could effectively violate due process, as institutions would be unable to utilise the body's appeals process. From the body's perspective, the appeal would also be quite costly.

Furthermore, there is a risk, when refusing accreditation/approval to a programme, that the unsuccessful applicant institution could bring the matter before the High Court – this gives, whether conscious or unconscious, a motivation to the body concerned to accredit/approve institutions in order to avoid the cost of appeal. Establishing an in-house appeals process allows both sides to remain unburdened by the cost of litigation.

It would seem prudent that each body should have a clearly defined appeals process; the more transparent the process, the less a learning institution will feel that the principles of natural justice have in any way been violated. If the process is open, it allows all parties involved to understand why a particular decision has been reached. Currently, it would appear that some appeals processes are not sufficiently transparent in terms of procedure – and, in some cases, there are no thoroughly defined appeals processes in place. This may lead to confusion around the process, which could in turn breed mistrust between the learning institution and the body.

## VI. Limited evidence of refusal to accredit/ approve programmes

As noted above, the appeals process can be quite cumbersome and expensive. In addition, because of Ireland's size, there is a limited number of programmes offered for each profession, which means that the continued existence of those programmes that are offered is critical to ensuring the survival of the profession in question. Both of these considerations can effectively lead to a reluctance among accrediting/approving bodies to refuse accreditation/approval, resulting in standards being compromised. Many boards have never had an appeal, which may be indicative of a reluctance to withhold accreditation/approval, as bodies seek to employ a more developmental, iterative approach. It seems unlikely that all programmes have always complied with standards, and, while there are measures to allow accreditation/approval if not all criteria outlined in the standards are met (i.e. by awarding accreditation/approval subject to conditions), it is essential to have the power to deny accreditation/approval when appropriate.

## VII. Fees and limitation of resources

Many bodies currently absorb the costs of accreditation/approval, which can be heavy. In some cases, bodies do not currently have the legal power to charge learning institutions for the accreditation/approval process. In other cases, there seems to be ambiguity around what price is appropriate to charge for the accreditation/approval process. It would go some way towards clarifying this uncertainty if there were open communication between bodies concerning their accreditation/approval processes.

The inability to charge, or restrictions concerning charging, for the accreditation/ approval process can place a significant strain on the bodies since the accreditation/approval process can be quite expensive. Some bodies do not currently have all of the programmes under the body's domain accredited/approved — meaning that there is no profession/ regulatory body oversight. This is particularly an issue for bodies that have a larger number of programmes to accredit/approve. It also makes recruiting foreign nationals to participate in the site visit panels challenging, as bodies may lack the funds to pay them and their expenses.

# APPENDIX: GLOSSARY





# Glossary

AP	Advanced Paramedic
BAE	Board of Architectural Education
CDAC	Commission on Dental Accreditation of Canada
DCI	Dental Council of Ireland
ECTP	European Council of Town Planners
EMT	Emergency Medical Technician
ENAE	Engineering Network for Accreditation of Engineering Education
FEDCAR	Federation of European Dental Competent Authorities and Regulators
HE	Higher Education Institution
HETAC	Higher Education and Training Awards Council
IEA	International Engineering Alliance
IMI	Internal Market Information
IOM3	Institute of Materials, Minerals and Mining
IPI	Irish Planning Institute
ISDR	International Society of Dental Regulators
IT	Institute of Technology
NCFMEA	National Committee on Foreign Medical Education and Accreditation (US)
NMBI	Nursing and Midwifery Board of Ireland
NQAI	National Qualifications Authority of Ireland
NQEMT	National Qualification of Emergency Medical Technology
NUI	National University of Ireland
PHECC	Pre-Hospital Emergency Care Council
PQD	Professional Qualifications Directive

PSI      Pharmaceutical Society of Ireland

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QRF      Quality Review Framework

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RCSI      Royal College of Surgeons in Ireland

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RI      Recognised Institution

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RIAI      Royal Institute of the Architects of Ireland

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RICS      Royal Institution of Chartered Surveyors

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RISAR      Recognised Institution Self-Evaluation Report

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SCSI      Society of Chartered Surveyors Ireland

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SAR      Self-assessment report

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SER      Self-evaluation report

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WFME      World Federation for Medical Education

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