

Agency for Public Health Education Accreditation

**INSTITUTIONAL
ACCREDITATION PROCEDURES**

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Contents

[Introduction 3](#_Toc400358502)

[APHEA Organisational Structure 4](#_Toc400358503)

[Overview of Accreditation Process 7](#_Toc400358504)

[Initiating the Review Process: Curriculum Validation 10](#_Toc400358505)

[Self Evaluation Phase 13](#_Toc400358506)

[External Review Phase 15](#_Toc400358507)

[Final Decision 23](#_Toc400358508)

[Appeals, Complaints and Third Party Comments 27](#_Toc400358509)

[Evaluation of the Review Process 31](#_Toc400358510)

[References 32](#_Toc400358511)

[ANNEX A: Procedures for Institutions and Programmes seeking provisional accreditation re-assessment 34](#_Toc400358512)

# Introduction

The following Institutional Accreditation focuses up on the institution's ability to provide a solid structure or foundation for the public health academic, research and service output. The term 'Institution' is used generically and refers to the academic units which are either stand-alone or a constituent part of a larger university or organisational structure. The titles typically used in the European region are, but not limited to, school, department, faculty, institute, centre or college.

This Institutional Accreditation is designed for institutions who typically have 2 or more academic programmes. An institution may provide a range of programmes from bachelors to doctoral and / or related group of masters programmes in public health. The Institutional Accreditation is designed to deal with either of these situations. If an applicant is in doubt please contact the secretariat.

The Agency for Public Health Education Accreditation (APHEA) is an independent body established as an *international non-profit association (INPA)* under Belgian law, with the purpose of accrediting Public Health Institutions and Programmes or their equivalent recognised by APHEA. APHEA is an autonomous organisation which establishes its own accreditation policies and procedures explained in this document. The founding members of APHEA are: the Association of Schools of Public Health in the European Region (ASPHER), the European Public Health Association (EUPHA), the European Public Health Alliance (EPHA), EuroHealthNet, and the European Health Management Association (EHMA).

This document explains the procedures of the accreditation process for institutions and provides an outline of APHEA’s organisational structure. Procedures and criteria used to assess institutions will be regularly reviewed.

# APHEA Organisational Structure

## The APHEA General Assembly and Board of Directors

The APHEA General Assembly and the APHEA Board of Directors are the two governing bodies of the agency. The General Assembly is composed of representatives from all organisations which are part of the APHEA consortium.

The General Assembly is responsible for the following:

* Approving the annual budget
* Approving new members to APHEA
* Appointing members of the Board of Directors
* Approving changes to accreditation procedures and accreditation criteria
* Nominating individuals for the reviewers’ pool

The Board of Directors is appointed by and accountable to the General Assembly and is led by the President of the Board.

The Board of Directors is responsible for the following:

* Strategic management of APHEA
* Appointing the Chair of the Board of Accreditation
* Making recommendations to the Chair of the Board of Accreditation regarding appointments of members to the Board of Accreditation
* Making an annual budget proposal
* Making decisions regarding accreditation of individual institutions based on recommendation formulated by Board of Accreditation
* Proposing changes to accreditation procedures and accreditation criteria
* Constituting an Appeals Committee if necessary
* Representing the agency to the public

## The APHEA Board of Accreditation

The APHEA Board of Accreditation is led by the Chair, who is officially appointed by the Board of Directors and represents APHEA independently from all its member organisations.

The Board of Accreditation, composed of members appointed by the Chair of the Board based on recommendations from the Board of Directors and keeping in mind gender parity, is responsible for the following:

* Approving appointments of individuals for reviewers’ pool
* Assigning site review teams in collaboration with the Secretariat
* Reviewing reports (self-evaluation, site visit, etc.) and formulating a recommendation to the Board of Directors regarding accreditation of the institution based on which Board of Directors will make a final decision
* Proposing changes to accreditation procedures and accreditation criteria

## Appeals Committee

The Appeals Committee is an ad hoc committee instituted by the Board of Directors as necessary for the purpose of considering appeals against accreditation decisions. This committee will consist of three members, none of whom served on the Review Team or are currently on the Boards of Directors or Accreditation.

The Appeals Committee will:

* Assess the evidence presented by the Board of Accreditation and by the appellant institution in order to make a recommendation to the Board of Directors on whether the appellant’s case is reasonable and on whether the original accreditation decision should stand or be amended.

## Secretariat

The Director of the APHEA Secretariat, appointed by the Board of Directors, will be in charge of day-to-day management of the organisation.

Responsibilities include the following:

* Developing all documents and materials pertinent to the accreditation process
* Corresponding with institutions to set a timetable for the process
* Assigning site review teams in collaboration with the Board of Accreditation
* Preparing materials for the site review team in cooperation with the institution
* Assisting the site review team in producing final site visit report
* Conducting ongoing training for site reviewers
* Acting as the secretariat for both Boards, proposing a budget and keeping accounts
* Maintaining the website

An outline of the organisational structure of APHEA is illustrated below.



# Overview of Accreditation Process

*Process Orientation*

The following list provides an overview of major steps in the accreditation process.

1. If a institution has not previously undergone accreditation by APHEA, an application must first be submitted indicating that the institution has completed the Curriculum Validation process.
2. The institution is notified by APHEA Secretariat as to whether or not it has passed the Curriculum Validation phase.
3. If so, the institution begins to conduct an analytical Self-Evaluation. Completion of this phase takes time, approximately 4-6 months but may be extended if necessary.
4. The APHEA Secretariat, in correspondence with the institution, sets a deadline for the submission of the final Self-Evaluation Report and tentatively schedules the site visit.
5. The institution submits the Self-Evaluation Report to the APHEA Secretariat.
6. APHEA Secretariat notifies the institution regarding the composition of the review team and inquires about conflicts of interest.
7. APHEA Secretariat sends each review team member the Self-Evaluation Report of the applicant institution and background materials in preparation for the site visit.
8. The institution develops a tentative site visit agenda and consults with APHEA Secretariat a month prior to the site visit.
9. The review team conducts visit and determines the validity of the Self-Evaluation Report. The chair of the review team reports major findings to the institution officials during the final briefing session.
10. APHEA Secretariat along with the chair of the review team prepares the first draft of the site visit report and distributes to team members for completion/ amendments.
11. Final draft of report is submitted to the institution and the director of institution is invited to prepare a written response in 14 days addressing any inaccuracies and factual omissions in the report.
12. Corrections from the institution, if any, are discussed with the chair of the review team, and incorporated into the final version of the report when appropriate before it is forwarded to the Board of Accreditation.
13. The Board of Accreditation reviews the report at its next meeting and formulates a recommendation regarding accreditation of the institution.
14. The Board of Accreditation forwards this recommendation to the Board of Directors who will make a final decision.
15. APHEA Secretariat notifies the director and officials of the institution of decision.
16. APHEA Secretariat invites the director of the institution to evaluate the process.
17. If a institution is accredited, the final decision is posted on the APHEA website along with the executive summary of the final report. The institution may post the final report in its entirety on its website if it chooses to do so along with the APHEA logo.
18. If a institution is currently accredited, approximately two years before the six year accreditation term expires, APHEA Secretariat notifies that the institution will require a further review to re-affirm the accreditation status.

An outline of the main phases, their approximate duration are presented in the following table:

|  |  |  |
| --- | --- | --- |
| **Stages** | **Content** | **Average duration** |
| Curriculum Validations | Curriculum Validation of programmes within the Institution. Denotes eligibility of institution to proceed to accreditation | 2-3 months |
| Self-evaluationExternal Review | Self evaluation against the set of agreed upon quality standards resulting in a self- evaluation reportExternal review by a team of 3 peer reviewers including a 3 day site visit and resulting in an external review report | 4-6 months2-4 month |
| Accreditation | Accreditation decision | 1-3 months |

# Initiating the Review Process: Curriculum Validation

## New Applicants

An institution which wishes to be accredited must successfully undertake a Curriculum Validation of it public health master degrees to proceed to accreditation. Programmes organised by more than one institution of higher education are eligible to seek accreditation as a single entity. The programmes will be evaluated against the same set of criteria as programmes organised by a single institution.

APHEA will consider institutions outside of the European region; however due to the variable nature of public health education around the world and APHEA’s capacity, these institutions will be considered on a case-by-case basis.

The application must be accompanied by:

1. A statement indicating that the institution understands all required components of the accreditation process, including the self-evaluation procedure, conduct of an on-site visit and payment of all fees.

2. A statement signed by the head of the institution inviting APHEA to initiate the accreditation process. In the event that the programmes within are administered by more than one institution, a signature must be obtained from the director of each respective body.

If the applicant institution is eligible, the institution will be notified shortly thereafter and the Secretariat along with the institution will create a procedural schedule for the rest of the process along with a fee schedule.

Candidacy status by no means guarantees eventual accreditation.

The candidate may withdraw from the accreditation process at any point prior to the final decision.

## Re-Accreditation

Accreditation is granted for six years. When accreditation status is conferred, the Board of Directors designates a specific date through which that status is valid. Approximately two years prior to the expiration of the accreditation period, APHEA staff notify the school of the upcoming review and advise that the programme begin a self-evaluation process anew. In the event a programme does not wish to maintain its accreditation status, it should advise APHEA in writing and no further review procedures will be scheduled.

In such an event institutions / programmes will be entitled to use the past tense when referring to accreditation after the expiration date of the current accreditation. They will not be granted the permission to use the previous accreditation status for present student cohorts if they have not graduated at the date that the accreditation has expired. All references to APHEA accreditation should be made in the past tense.

Institutions / programmes wishing to maintain their accreditation status beyond the previous accreditation cycle are required to follow the standard procedural framework by undertaking the relevant Curriculum Validations and self-evaluation documentation, site visit and decision. Initial documents can be resubmitted highlighting substantive changes made since the previous round of accreditation. The objective of the re-accreditation cycle is to encourage improvement and institutions / programmes are requested to explicitly address the recommendations for quality improvement resulting from the first accreditation cycle under the relevant criteria.

If an accredited institution / programme completes the procedural requirements, and is deemed successful before the end of their accreditation cycle, the previous accreditation status is maintained and automatically continues into the next cycle of 6 years.

## Payment of Fees and Expenses

The fee schedule is available on the APHEA website. Accredited institutions must pay all annual fees on time as requested. Failure to pay required fees by the defined deadlines will

* delay an initial accreditation decision (for applicants) or
* result in removal from APHEA’s list of accredited institutions as well as the use of the APHEA logo by the institution.

## Timetable for Review

Site visit dates are determined by APHEA staff in consultation with the school after the Curriculum Validation phase has been passed. Dates will be established for submission of the self-evaluation report as well as for the site visit. The review process for first-time accreditation can take up to 10 months from the date of the application’s acceptance to the date of the Board’s official decision. The re-accreditation process takes the same amount of time.

# Self Evaluation Phase

## Process

The self-evaluation phase is the main component of the accreditation process. Applicants are expected to address all accreditation criteria and provide detailed quantitative and qualitative documentation of compliance with the criteria. All data provided for each established criteria should be as recent as possible and a maximum of one year old. The requirements for the self- evaluation are the same for first-time and reaccreditation reviews.

An institution has great flexibility in carrying out its self-evaluation. However, involvement of all constituent groups is essential (administrators, faculty, students, alumni, advisory groups, community constituents, i.e. staff members from organisations/institutions which collaborate with the institution in education, research, and service, and other stakeholders). The institution may choose any method it wishes to conduct the self-evaluation. In the case of programmes managed by multiple institutions, constituents from each institution must be involved in the process of putting together the self-evaluation.

## Self-Evaluation Report

The process should result in a report of quantitative and qualitative information describing and analysing the features of the institution, addressing all accreditation criteria (refer to the self-evaluation handbook) and including a description of the institution’s strengths and weaknesses. For each criterion, the report must include elements of description, analysis, and evaluation, always evidence based. Each criterion should be addressed in terms of supporting evidence indicating performance, and an analytical assessment leading to a conclusion as to whether or not the institution meets that particular standard. The evaluation should culminate in an insightful analysis of the strengths and weaknesses of the institution, as well as challenges and limitations, and present a plan specifying measures which will be taken to correct deficiencies. Data templates are provided to facilitate the presentation of material.

The document should be limited to 35 pages not including the appendices. This report forms the basis for the external evaluation. Since the review team is international and APHEA is a European agency, the report must be written in English. It should be sent to the APHEA Secretariat 8 weeks prior to the scheduled site visit. APHEA staff is authorised to cancel a site visit if the document is not received in time.

Copies of the final report with all appendices in pdf and Word version and electronic links/hardcopies of the institutional bulletin or catalogue should be forwarded to the APHEA secretariat. A copy will be forwarded to all members of the review team, and one copy will be kept for office records. One hard copy should be bound and presented to the secretariat during the site-visit so that it can be kept for official records.

*Report format should be of 1.5 line space, body text of Calibri or Arial font size 11, margins 2.54cm. Applicants are advised to follow the criteria and use as a template to ensure compatibility between documents .*

# External Review Phase

## Site Visit

The on-site visit[[1]](#footnote-1) is a crucial part of the accreditation process. The purpose of this visit is to:

* Assess the validity of the self-evaluation report with a thorough peer review process
* Provide on-site consultation with expert peers
* Ensure that the institution under review complies with the criteria for accreditation

## Scheduling the Site Visit

Site visits normally take two days plus the evening preceding the visit. On occasion, the visit may be lengthened or shortened if there is agreement that this is needed to obtain a comprehensive understanding of the institution. The institution will be asked for comments on any potential conflict of interest concerning selected review team members. The school is asked to prepare a schedule for the site visit using the proposed template below as a framework. The schedule should be prepared as soon as the APHEA Secretariat confirms that the review is to proceed, following review of preliminary documents. The review team chair must also approve the schedule. The school should send this schedule to the APHEA site visit coordinator a month prior to the visit. The agenda should be flexible enough to allow for adjustments which may be requested by the review team prior to and during the course of the site visit. During the visit, the team will need to meet with a broad representation of school constituents, including administrators, faculty, students, institution alumni, community representatives, and other stakeholders. The site visit will commence with an entrance conference with the director / head of school who will provide an overview of the institution and end with an exit conference during which the review team will present a summary of their conclusions. Site visits will be conducted in English.

The following is a sample agenda for a site visit [[2]](#footnote-2),[[3]](#footnote-3):

|  |  |
| --- | --- |
| **Day 0. Arrival date:**  | **Location** |
|  | Arrival of review team in country |  |
|  | Preparatory meeting review team (behind closed doors)  | Hotel |

| **Day 1.**  |
| --- |
| **Time** | **Agenda** | **Location** | **Participants** | **Criteria** |
| 09:00 – 09:30 | Arrival of review team on site and welcome by school. Explanation of materials on display and practical arrangements during the site -visit. |  |  | N/A |
| 09:30 – 10:45**Session 1** | Meeting with Institutional representatives, board, programme management and author(s) of the Self-Evaluation Report: overview of institution under review, highlighting any special features/ peculiarities of the institution; unclear issues as perceived by review team to be put forth. |  |  | 1 & 2 |
| 10:45 -11:00 | SESSION DEBRIEF - review team |
| 11:00 -12:15**Session 2** | Meeting with Institutional Leadership and (if applicable University / host institution leadership) |  |  | 1 & 2 |
| 12:15 -12:30 | SESSION DEBRIEF - review team |
| 12:30 - 13:30 **Session 3** | Lunch – Light buffet meeting with Alumni. |  |  | 2, 3, 4 & 7 |
| 13:30 – 13:45 | SESSION DEBRIEF - review team |
| 13:45 – 14:45**Session 4** | Tour of school premises and facilities, preferably guided by students (lecture halls, tutorial rooms, computer facilities, library, etc.). |  |  | 6 |
| 14:45 - 16:00**Session 5** | Meeting with students (includes representatives and members of advisory bodies at school). |  |  | 1, 2, 3, 4, 5, 6, 7 |
| 16:00 -16:15 | SESSION DEBRIEF - review team |
| 16:15 - 17:15**Session 6** | Meeting with representatives from labour market/stakeholders. |  |  | 2, 3, & 7 |
| 17:15 – 17:30 | DAILY DEBRIEFING - review team  |
| 17.30 | Team return to hotel. |  |  | N/A |

|  |
| --- |
| Evening event if planned |

| **Day 2.**  |  |
| --- | --- |
| **Time** | **Agenda** | **Location** | **Participants** | **Criteria** |
| 09:00 – 10:15**Session 7** | Meeting with Programme Co-ordinators  |  |  | 2, 3, 5 & 7 |
| 10:15 - 10:30 | SESSION DEBRIEF - review team |
| 10:30 - 11:45**Session 8** | Meeting with core faculty members (includes members of advisory bodies at school) |  |  | 2, 3, 5 & 7 |
| 11:45 - 12:00 | SESSION DEBRIEF - review team |
| 12:00 – 13:00**Session 9** | Meeting with other representatives of the school.1. Admissions
2. Counselling service
3. Career advisor/ student advisor
4. Educational support office
5. Communications dept
 |  |  | 4 |
| 13:00 - 13:15 | SESSION DEBRIEF - review team |
| 13:15 - 14:15 | Light lunch Review of materials |
| 14:15 – 15:00**Session 10** | Meeting with other representatives of the school.1. Representative of examiners’ board
2. Representative of ethics board
 |  |  | 3 |
| 15:00 - 15:15 | SESSION DEBRIEF - review team |
| 15:15 – 16:00**Session 11** | Meeting with other representatives of the school.1. Welfare & Accommodation representatives
2. International office
3. Human Resources
 |  |  | 2, 3, 4, 5 |
| 16:00 - 16:15 | SESSION DEBRIEF - review team |
| 16:15 – 17:00**Session 12** | Meeting with other representatives of the school.1. Quality management committee
 |  |  | 7 |
| 17:00 - 17:30 | DAILY DEBRIEFING |
| 17:30 | Return to hotel |

| **Day 3.**  |
| --- |
| **Time** | **Agenda** | **Location** | **Participants** |
| 09:00 – 14:00 | Review team meeting behind closed doors including: * clarifications from school representatives (if required)
* Light lunch
 |  |  |
| 14:00 – 15:30 | Oral presentation on first impressions by chair and team.Brief Question and Answer session |  |  |
| 15:30 onwards | Site visitors leave |  |  |

## The Review Team

The site visitors are assigned by the APHEA Secretariat in collaboration with the Board of Accreditation. Site visitors are a select group of individuals who share the following characteristics:

* Competence by virtue of experience
* Sensitivity to the unique features of the institution
* Impartiality without any known conflict of interest

The review team will consist of 3 reviewers, including the review team chair, in addition to an agency representative. The review team will be responsible for conducting the external in-country evaluation of the applicant institution and based upon the self-evaluation report provided by the applicant, following the accreditation criteria set out by APHEA. The review team will produce a report following the site visit indicating if and to what degree the institution meets APHEA criteria, based on which the Board of Accreditation will formulate a recommendation regarding accreditation of the institution to be forwarded to the Board of Directors. The main roles and composition of the review team are described below.

## Training for Site Visitors

APHEA will periodically hold training sessions for site visitors. The objective of this is to make sure that site visitors are fully knowledgeable about accreditation policies, procedures and criteria, and are clear about their roles. Materials are developed for training purposes as needed.

## Main Roles of the Review Team Chair

The main roles of the review team chair are as follows:

* To serve as the official voice of the team during the site visit.
* To set the agenda for the site visit along with the Secretariat and the school.
* To review training documentation and participate in the briefing sessions provided by APHEA.
* To review the self-evaluation report produced by the applicant institution prior to the site visit.
* To coordinate efforts of and lead members of the review team during the site visit of the applicant institution in order to verify the contents of the self-evaluation report.
* To lead the production of a quality site visit report (written in English) assessing whether the institution complies with the accreditation criteria based on which the Board of Accreditation will formulate its recommendation to the Board of Directors. The entire review team must be in agreement regarding the content of this report, written according to established guidelines. The report must be submitted in a timely manner.

## Main Roles of the Review Team

The main roles of the review team are:

* To review the self-evaluation report produced by the applicant institution prior to the site visit.
* To review training documentation and participate in the briefing sessions provided by APHEA.
* To carry out an external evaluation by visiting the applicant institution in order to verify and clarify the contents of the self-evaluation report.
* To contribute to the writing of a review report based on a criterion-by-criterion assessment of the applicant institution.
* To assume all duties as assigned by the review team chair.
* The review team may not accept any kind of gifts from those at the school being visited or invitations to social outings.

## Site Visit Report

The report of the review team serves as the primary source of information used by the Board of Accreditation in making its recommendation to the Board of Directors regarding an institution’s status.

The following notation is used in the report for each sub-criterion assessed:

* The sub-criterion is met: The institution demonstrates satisfactory compliance with this requirement or exceeds the expectations embodied in the criterion. Sub-criterion could be met with commentary, meaning that the minimum requirements within a certain sub- criterion are met, but some aspects of performance could be strengthened.
* The sub-criterion is partially met: The review team has identified a concern or multiple concerns regarding an institution’s compliance with a sub-criterion. Improvement is necessary before the sub-criterion can be considered met.
* The sub-criterion is not met: The review team has identified major concerns regarding an institution’s minimal compliance with a given sub-criterion. Substantial improvement is required.

The report includes the presentation of the review team and the method used during the site visit (including the visit agenda) in addition to an assessment of compliance, sub-criterion by sub-criterion. Factual material and observations are presented to support statements concerning strengths and weaknesses. Conclusions and specific recommendations for improvement will also be presented. The report should include concrete recommendations for quality enhancement. The report should also indicate any special features of the institution under evaluation.

The review team chair will collect required material from all reviewers before the end of the visit. This material will then serve as the basis for the first draft of the team’s report. The draft will be reviewed by all review team members, who will be asked to respond by a specified date. The team’s revisions will be incorporated into a second draft which, once approved by the entire team, will be sent to the director of the institution by the Secretariat within 60 days of the completion of the site visit. The institution has 14 days to provide a written response to the report, including any factual corrections to the review team’s findings. The final site visit report, prepared by the review team chair with the assistance of the Secretariat, will be revised in light of the school’s response. It will be forwarded, along with the school’s response to the Board of Accreditation at least 14 days prior to the meeting at which the Board of Accreditation will devise a recommendation. The Board of Accreditation reserves the right to modify the report based on its final discussions. The Board of Accreditation will forward its recommendation to the Board of Directors which will render a final decision regarding the accreditation of the institution. The final decision is conveyed to the school in a letter from the President of the Board of Directors along with the final site visit report no later than 30 days following the meeting at which the final decision was made.

## Contents of On-Site Resource File

The on-site resource file should generally include any materials referenced in the self-evaluation which are not included in the appendices along with any other information the school deems necessary in order to provide evidence of the institution’s compliance with the accreditation criteria.

The review team should have access to the following documents (see handbook):

1. Strategic / Development / Action / Policy plans or similar document
2. Institutional Annual report if available
3. Translated version of constitution or, bylaws, terms of reference or other documents concerning membership in governance and academic bodies
4. Policy plan regarding education and research or similar document(s)
5. Translated policies (attached to original language copies) on:
* External assessment
* Arrangements for students with special needs
* Equal rights, harassment, bullying and corruption
* Plagiarism
* Data Protection
* Research ethics
* Staff development
1. Quality assurance policy documents or similar document(s)
2. Example of Diploma Supplement
3. Example of institutional recruitment regulations
4. Results/analysis/documented outcomes of any recent institutional evaluations

On line access is required for all site review members. Lap tops should also be available.

If institutions have these documents online they are encouraged to attached the specific web-links within the Self-Evaluation Report so that the site visit team has more time to digest before their arrival.

## Use of Third-Party Evaluations

The results of self-evaluations or external evaluations not carried out as part of the APHEA accreditation process can be taken into account provided they were carried out no more than 3 years prior and are compatible with the methods and standards of APHEA.

# Final Decision

## Presentation of Site Visit Report to Board of Accreditation and Possible Decisions

The final site visit report is presented at a meeting of the Board of Accreditation which is responsible for formulating a recommendation as to the accreditation of the institution based on which the Board of Directors will make a final decision. Any Board members who have a conflict of interest in relation to the institution must abstain from the recommendation-making process. In addition to the site visit report, the Board will consider the self-evaluation document, the school’s response, if any, to the site visit report, and any other material available. The recommendation as to the accreditation of the institution will be forwarded to the Board of Directors which will be responsible for making the final decision as to whether or not the institution will be accredited (including term of accreditation and interim requirements, if any) and whether or not to adopt the review team’s report, with or without amendment, as the official report to be sent to the institution. Any members of the Board of Directors who have a conflict of interest in relation to the institution must abstain from the recommendation-making process. A copy of the official site visit report will be sent to the director of the institution, notifying him/her of the final decision within 30 days of the decision.

The decision can be as follows:

* Accreditation – An institution demonstrates minimum compliance with all applicable accreditation criteria. The accredited status is valid for 6 years. In specific cases, there may be requirements for follow-up measures such as interim reports etc. When a institution is accredited, the results and report executive are published on the APHEA website.
* Denial of accreditation – An institution does not meet the criteria for accreditation. The applicant may reapply after a period of 2 years.
* Provisional/conditional accreditation – This could either be granted when an already- accredited institution fails to continue to achieve its stated mission and objectives, or fails to meet the requirements for its reaccreditation review or interim report requirements or to an institution undergoing the process for the first time which presents shortcomings that could potentially be rectified within a reasonable period of time. This status is conferred for a specific length of time not to exceed 2 years. If the institution comes into compliance with the accreditation criteria within the allotted time frame, the term of accreditation will be extended up to the remainder of the 6 years. If the institution does not come into compliance within the given time period, the Board will deny accreditation. If accreditation is denied, the institution can reapply after 2 years. See Annex A.
* Extension of term – The Board may decide to extend accreditation for an institution which is provisionally accredited based on the results of an interim report indicating that the institution has made significant progress toward compliance of accreditation criteria.
* Revocation of accreditation – An institution does not meet the criteria for continued accreditation (based on institution’s report of any substantial changes to APHEA) or refuses to have the institution re-evaluated at the appropriate time.
* Deferral – The Board may require further information in order to be able to make the appropriate decision on accreditation. A specific time limit will be defined and the institution will maintain applicant status in the interim period.

## Term of Accreditation

Institutions seeking initial accreditation are eligible for a maximum term of 6 years. After initial accreditation, institutions are subject to review every 6 years. Some follow-up actions may be required such as interim reports, a special visit by APHEA staff, etc.

An institution may request to postpone its regularly scheduled site visit but only for extraordinary reasons. Such a request must be made 8 months prior to the expiration of the accreditation term. The Board may then decide to extend the current accreditation term by a specific period of time.

If an institution is accredited, the final decision is posted on the APHEA website along with the executive summary of the final report. The institution may post the final report in its entirety on its website if it chooses to do so along with the APHEA logo.

## Interim Reports

In some cases, an institution may be requested to submit an interim report to document steps taken to rectify specific areas of noncompliance found at the time the accreditation decision was made. This will be used to assess whether an institution has come into compliance with a given or multiple sub-criteria which were not met or partially met at the time of the site visit. An institution will be given a defined amount of time not to exceed 2 years to come into compliance with an accreditation standard within which it showed deficiency during the initial site visit. This period may be extended for good cause. In determining whether good cause exists, some of the factors to be assessed are an institution’s progress toward achieving full compliance, the complexity of the required changes, financial and logistical considerations, and any other circumstances which might affect the time needed for the institution to come into compliance. The Board of Accreditation will decide whether or not to accept the interim report in its initial state. The institution’s accreditation (or provisional accreditation) status will either be revoked should the institution fail to come into compliance within the time allotted or an extension of term may be granted upon the discretion of the Board. Other types of follow up may be required depending on the situation including a visit by APHEA staff or a review team.

## Notice of Substantive Change

Accreditation is awarded based on the assumption that the institution will continue to comply with the accreditation criteria in their entirety over the entire term of accreditation. If and when an accredited institution plans to make substantive changes, it must notify APHEA, fully describing the change in writing. A substantive change includes but is not limited to: a major change in the mission of the institution; major organisational changes; major revision of curricula; any other change which may affect meeting the accreditation criteria. Along with the cover letter, any supporting documents that will allow APHEA to determine whether the change will impact compliance with the accreditation criteria must also be submitted.

If other changes occur including but not limited to adverse actions by other accrediting bodies, or loss of legal authority to operate, the school is obligated to inform APHEA. This will generally be for information purposes, but APHEA may, at its discretion, request additional information or initiate a partial or complete review prior to the end of a given term of accreditation.

# Appeals, Complaints and Third Party Comments

## Appeals

Should the Board of Directors decide to deny or revoke accreditation, APHEA will notify the director of the institution explaining the reasons for the decision taken and provide information about the right to appeal.

Appeals must be notified in writing by the appellant institution no later than 30 days following the point at which the appellant institution was notified of the initial accreditation decision by the Board of Directors by filing a notice of appeal in writing and requesting an appeal hearing. If no notice of appeal is filed within this time period, the Board’s decision becomes final.

The full written appeal statement, explaining the reasons for appeal and providing supporting evidence, must be received by the Board of Directors no later than 90 days following the date that the school was notified of the initial accreditation decision. The Appeals Committee (constituted by the Board of Directors) will make a judgement on the appeal within 90 days of the committee’s receipt of all required materials from the appellant organisation. The Appeals Committee will pass its decision to the Board of Directors which will be responsible for communicating this decision to the school within 60 days of the Committee’s review. The school may request to see the record considered by the Committee in reaching its final decision. The school may terminate the appeal in writing at any time up until the moment the Appeals Committee renders the decision.

Grounds for appeal are:

* The decision of the Board of Directors was arbitrary or not supported by substantial evidence presented in the material on which the Board based the decision
* Failure to follow due process in making the final decision

The school will have the opportunity to be represented before the Appeals Committee. The decision of the Appeals Committee is based on conditions as they existed at the time of the initial decision. The Committee either affirms, amends, or reverses the decision being appealed. If the Committee affirms the decision, the decision becomes final. If the Committee amends or reverses the decision, it must provide a detailed explanation for its rationale. The length of the accreditation term must be defined at this point along with any conditions imposed as part of the decision.

Appeals Committees shall be comprised of two members and a chair, none of whom served on the review team for that institution, is currently on the Board of Accreditation or Board of Directors, was in any way involved in the action which led to the appeal, or has a conflict of interest as determined under APHEA’s conflict of interest policy. The chair shall have a casting vote where required. The chair shall be drawn from a body of experienced public health professionals and will receive advice on the due process to be expected of the Committee. The other committee members will also be experienced public health professionals in good standing who will be prepared to receive advice on the due appeal process.

The Appeals Committee will be supported by a member of the APHEA staff who will play no part in the decision of the Committee, but who may advise on due process. The school will be notified of the composition of the Appeals Committee to ascertain that it has no objections to the selection of any of the members based on conflict of interest.

The fee for conducting an appeal can be found either on the APHEA website or by contacting the secretariat. The fees are payable at the time a school or programme files its notice of appeal. This fee covers all administrative expenses incurred.

## Complaints

APHEA will only receive complaints which, if substantiated, would indicate partial or substantial noncompliance with one or more of the accreditation standards. A complaint must specify which accreditation standard the given institution is violating, as well the outcome sought and must include any documentation to support the complaint. A complainant must present documentation indicating that all appropriate administrative processes within the institution itself have been exhausted prior to filing this complaint. Even though a complaint may not lead to formal action, APHEA will maintain a record of formal complaints filed for 3 years.

If the complaint clearly identifies the standard being violated and documents efforts to pursue administrative processes at the institution itself, the following steps will be taken by APHEA:

1. The Secretariat will acknowledge receipt of the complaint within 15 days and decide upon subsequent actions to be taken based on whether the complaint represents potential noncompliance with accreditation standards.
2. Copies of all material received related to the complaint will be sent to the institution within 30 days of the receipt of the complaint, along with a request for verification that administrative measures within the institution have been exhausted.
3. If the institution confirms that the complainant has exhausted administrative measures within the institution, then the institution will be asked to prepare a written response addressing the complaint within 30 days of receiving the materials.
4. The Board of Accreditation will meet by teleconference within 30 days of receiving the institution’s response in order to review all materials related to the complaint and will determine whether there is sufficient evidence to believe the institution is in violation of APHEA’s accreditation criteria.
5. If the Board of Accreditation determines that the complaint lacks sufficient evidence in order for the investigation to go forward, the complainant and the institution will be notified in writing within 30 days of the decision.
6. If the Board of Accreditation decides that the complaint is valid, a three member investigative committee will be appointed. The process will begin within 30 days of the establishment of the committee. Both the complainant and a representative of the institution will be offered an opportunity to appear before the committee.
7. The Board of Accreditation will be the one to make a recommendation to the Board of Directors after considering the assessment submitted by the investigative committee. The Board of Directors will render the final decision. The final outcome could be no change in accreditation status whatsoever, continuing the accreditation status of the institution but with an earlier review, placing an institution on probation, or revoking the accreditation status of an institution.
8. The institution will be advised of the Board’s decision within 30 days.

The school has the right to appeal the decision of the Board. The appeals procedures previously described will apply.

Complaints related to the agency itself and its policies, procedures, or practices can be forwarded directly to the Secretariat, who will attempt to resolve the matter in a timely manner. If the staff is not able to resolve the issue, the complaint will be referred to the Board of Directors and/or Accreditation and/or General Assembly.

## Third-Party Comments

Third-party comments about institutions undergoing accreditation can be submitted in writing to the Secretariat. Comments will not be considered if they are submitted anonymously.

# Evaluation of the Review Process

The effectiveness of the review process is constantly reviewed by the agency Secretariat and Boards based upon input from site visitors as well as the director of the institution being evaluated. After completion of an on-site evaluation, each member of the review team completes a questionnaire evaluating the review process. Review team members, excluding the chair, are asked to evaluate the effectiveness of the chair.

At the completion of the entire review process and after the institution has been notified of the final decision, the director of the institution is asked to evaluate the entire review process. Results of these assessments are analysed and used in revision of standards, procedures, criteria, etc. and in the appointment of future site review teams.

# References

The following references were used to create this document:

* Chauvigné C, Ottenwaelter MO. Mapping and Analysis of Quality Assurance and Accreditation Systems in Public Health Education. Working Package 2 Report. EU Leonardo da Vinci Programme. November 2006.
* Gudmann A, Holstein B, Krasnik A. The European Accreditation Agency for Public Health Education (EAAPHE). Working Package 3 Report. EU Leonardo da Vinci Programme. January 2008.
* Gudmann A, Holstein B, Krasnik A. The European Accreditation Agency for Public Health Education (EAAPHE). Working Package 5 Report. EU Leonardo da Vinci Programme. January 2008.
* Accreditation of European Public Health Education – EAAPHE Structure and MPH Programme Accreditation Procedures: 2nd draft version elaborated within the framework of the EU-LdV PH- ACCR Project. March 2007.
* Procedures for the Public Health Education European Review (PEER). Association of Schools of Public Health in the European Region. July 2001.
* Sitko SJ, Adany R, Garaedts M, Krasnik A, Louvet T. Accreditation of Public Health Education Programmes: Challenge in Quality Improvement for the Schools of Public Health of the European Region, Accreditation Procedure Document. October 2005.
* Sitko S, Adany A, Meulmeester J, Normand C, Magnusson G, Bury J, Cavallo F, Louvet T. Accreditation Framework. November 2002.
* European Agency for Accreditation of Education in Public Health: Outline of the Project. ASPHER Taskforce to set up accreditation system. July 2010.
* Rationale for setting up a European Agency for Accreditation of Public Health Education. ASPHER Taskforce to set up accreditation system. July 2010.
* European Agency for Accreditation of Education in Public Health: Accreditation Procedures. ASPHER Taskforce to set up accreditation system. July 2010.
* European Agency for Accreditation of Education in Public Health: Organisational Structure. ASPHER Taskforce to set up accreditation system. July 2010.
* European Agency for Accreditation of Education in Public Health: Proposals for the role of the chair of the board and person profile. ASPHER Taskforce to set up accreditation system. July 2010.
* European Agency for Accreditation of Education in Public Health: Review Team. ASPHER Taskforce to set up accreditation system. July 2010.
* European Agency for Accreditation of Education in Public Health: Appeal Committee. ASPHER Taskforce to set up accreditation system. July 2010.
* Guidelines for the self-assessment. Public Health Education European Review (PEER). ASPHER. July 2001.
* Procedures for the Public Health Education European Review (PEER). ASPHER. July 2001. Accreditation Procedures: Schools of Public Health. Public Health Programs Outside Schools of Public Health. Council on Education for Public Health (CEPH). June 2010.
* Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programmes. Commission on Collegiate Nursing Education. April 2009.
* Handbook of Policies and Operating Procedures. Commission on Accreditation of Healthcare Management Education (CAHME). June 2010.
* Rules of Procedure. Liaison Committee on Medical Education and Committee on the Accreditation of Canadian Medical Schools. July 2010.
* Conference for Academic Accreditation in Switzerland: Accreditation Guidelines. Berne. June 2007.

# ANNEX A: Procedures for Institutions and Programmes seeking provisional accreditation re-assessment

Article 1. If not already successfully completed, the applicant is required to undertake Curriculum Validation(s).

Article 2. Following a successful Curriculum Validation the programme / school is required to write a report on how it has addressed all 'not met' & 'partially met' issues identified in the original site visit report. The applicant will need to produce any relevant documentation such as their strategic plans or decisions officially made. These will need to be produced in English. The report should include annexes also written in English. (*Report maximum length to be 10 pages with format of 1.5 line space, body text of Calibri or Arial font size 11, margins 2.54cm*).

Article 3. Upon successful completion of the report, referenced in article 2, an internal telephone conference will be convened with the original review team,\* one Board of Accreditation member and one rapporteur. Further clarification following this stage may be sought from the applicant. (\**APHEA reserve the right to alter the team construct*)

Article 4. Once article 3 is complete, a short report will be produced, reviewed and authorised by the review team. This report will then be presented to the APHEA Board of Accreditation.

Article 5. The APHEA Board of Accreditation produce a recommendation to the Board of Directors.

Article 6. The APHEA Board of Directors make a decision based upon a dichotomous yes/no decision. A "Yes" decision will confer an accreditation award totalling 6 years which will consider the amount of provisional accreditation years as spent. A "No" decision will signify the end of the accreditation process. The applicant will be eligible to apply for a new accreditation within a period of not less than 24 calendar months. The applicant will be required to cease any contemporary reference to the accreditation award in their publicity material.

1. A school may submit multiple programmes for accreditation (each one counting as a separate accreditation), but APHEA is able to assess no more than two programmes during any given site visit. [↑](#footnote-ref-1)
2. The final agenda must list participants for each session including their titles and (educational) roles. [↑](#footnote-ref-2)
3. The room set aside for the site visit needs to be spacious enough to comfortably accommodate the team of 4 -5 review team members in addition to the interviewees. Any on-site materials should be displayed on the tables in a clear fashion. Room should have capacity for laptop plug in and internet connection. Readable name cards should be prepared for all interviewees and review team members. [↑](#footnote-ref-3)