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## **HLC Pathways Construction Project: A Proposed New Model for Continued Accreditation**

### **Overview**

Regional accreditation as carried out by The Higher Learning Commission assures quality by verifying that an institution (1) meets threshold standards and (2) is engaged in continuous improvement. Through the traditional self-study and subsequent campus visit, both these requirements—threshold standards and improvement—are addressed in a single process. The self-study and team visit are shaped primarily by the Criteria for Accreditation rather than to the institution’s particular needs at a particular time. For an institution where the threshold standards are in little doubt, this approach may add only modestly to the institution’s improvement.

In a time of rapid change, the public has grown skeptical of quality assurance that appears to look at an institution only once every ten years.

The Higher Learning Commission (HLC) proposes a new model for continued accreditation that seeks to offer greater value to institutions through its reaffirmation process for continued accreditation and greater credibility to the public in its quality assurance.

The Commission currently has two programs for continued accreditation: the Program to Evaluate and Advance Quality (PEAQ) and the Academic Quality Improvement Program (AQIP). The new model proposes to separate the continued accreditation process as currently carried out through PEAQ into two components: the **Assurance Process** and the **Improvement Process**. (AQIP will remain unchanged for the foreseeable future.) For most institutions the Assurance Process will require only the accumulation over time of electronically stored information and data the institution already collects or prepares, together with an Assurance Narrative that makes the case that the institution continues to meet the Criteria for Accreditation and the federal requirements. With few exceptions, the peer review of the Assurance Process will be carried out at distance through electronic documents and forms.

The Improvement Process will thus be free to focus genuinely on institutional improvement. The process for most institutions will replace the traditional self-study with a “pathway,” a Quality Initiative the institution will undertake as something it wants to do. The Improvement Process will culminate in a Results Visit by peer reviewers, whose report will be based on measures defined in the proposal for the initiative.

The Commission will bring together the outcomes of the two processes for action on the institution’s continued accreditation.

This new model seeks to achieve the following goals.

- To enhance institutional value by opening the Improvement Process for stable, healthy institutions so that they may choose Quality Initiatives to suit their current circumstances.
- To reduce the reporting burden on institutions by utilizing as much information and data as possible from existing reports and collecting them in electronic form.
- To enhance rigor by using a system that checks institutional data annually and allows an assurance review as needed, rather than adhering to a fixed ten-year cycle.
- To integrate all HLC processes and data requests into the Assurance Process and continued accreditation cycle.
- To be as cost efficient as possible.

This working paper describes the preliminary plan for the new model and seeks reaction. As the details of the processes are developed, those will also be distributed widely for comment.

### **Annual Institutional Data Update (AIDU)**

The Annual Institutional Data Update (AIDU) is the Commission's annual electronic gathering of base data from affiliated institutions utilizing standard definitions such as those used in IPEDS reporting. The data are reviewed annually for financial and non-financial indicators of institutional well-being. All data requirements of the Commission are folded into the AIDU, which becomes part of the Evidence File (see below).

### **The Assurance Process**

Assurance is based upon evidence that is stored electronically. The evidence is evaluated by a team of peer reviewers who produce a report with recommendations. The report addresses the HLC Criteria for Accreditation and all federal compliance requirements.

### **Evidence File**

The Evidence File is an accumulated electronic collection of materials and links periodically updated by the institution. Some are mandated, some optional, and some required under certain circumstances. With the exception of the Assurance Narrative (see below), all of the mandated materials will have been created for other purposes.

- **Assurance Narrative.** As the time for the Assurance Review approaches, the institution prepares an Assurance Narrative to present the case that it (1) meets the Commission's Criteria for Accreditation and (2) complies with all federal requirements. The evidence for the case is drawn from the materials in the Evidence File, and the institution includes materials for that purpose. The document is relatively brief, but comprehensive.

### **Institutional Review File**

The Institutional Review File is an electronic collection of selected materials from the institution's file with the Commission, including the AIDU reports. These materials are deposited in the Institutional Review File by the Commission and access to them is given to the peer reviewers at the time of an Assurance Review.

### **The Assurance Review**

Assurance Reviews take place at distance. A peer review team reviews the Evidence File and the Institutional Review File and writes a preliminary report. The team may confer with the institution by telephone or video and in exceptional circumstances may request a site visit to explore uncertainties in the evidence before producing the report. The Commission staff reviews the report, discusses it with the team as needed, and sends it to the institution for corrections of fact. If there has not been a site visit requested by the team, the institution may request one. The team revises and submits its final report and recommendations. These recommendations are with regard to assurance that the institution continues to meet the Criteria for Accreditation and complies with the federal requirements; for continued accreditation, they will be joined with the recommendations from the Quality Initiative.

There are two types of Assurance Review:

- The **assurance review** is part of every reaffirmation of accreditation, along with the Quality Initiative. For healthy, stable institutions, such reviews will take place on a 10-year cycle or a cycle determined by the Quality Initiative.
- An **intermediate assurance review** may be required by the Commission when an institution (a) is undergoing rapid change (e.g., growth or decline in enrollment; growth in sites; change of mission), (b) appears to be at significant risk, or (c) raises concern with the Commission as a

result of data submitted through the AIDU, complaints received by the Commission, or USDE inquiry. In some situations, the Commission may mandate an intermediate assurance review to address a limited number of Criteria or federal requirements.

#### Integration of Other Current Commission Processes

Substantive change requests, progress and monitoring reports, and focused visits will be integrated into the Assurance Process. The five-year review required for multiple sites will be synchronized with the Assurance cycle. The current Financial Indicators analysis of AIDU data and the planned Non-financial Indicators analysis will become flagging systems within the Assurance Process.

#### The Improvement Process

The Improvement Process consists of a major **Quality Initiative** that the institution undertakes. This process is required for continued accreditation in conjunction with the Assurance Process, but whereas an Assurance Review may be required more frequently, the Improvement Process typically occurs every ten years unless the institution requests an earlier time for its Quality Initiative or it did not appropriately complete its most recent Quality Initiative.

The Commission determines whether the institution may elect an **Open Pathway**, wherein the institution develops its own Quality Initiative or will be required to undergo a **Mandated Comprehensive Evaluation**. This determination is based upon factors from the institution's past relationship with the Commission, such as a history of sanction and data from the Evidence File. All institutions seeking initial accreditation status must undergo a Mandated Comprehensive Evaluation.

#### The Open Pathway

The institution designs its Quality Initiative to suit its present concerns or aspirations. It may also choose from a Commission menu of pathways. The following are examples of Open Pathway Quality Initiatives:

- The institution prepares a strategic plan and begins implementation.
- The institution joins with a group of peer institutions, which it identifies, to develop a benchmarking process for broad institutional self-assessment.
- The institution undertakes a multi-year process to create systemic, comprehensive assessment of student learning.
- A four-year institution joins with major feeder community colleges to create a growth program based on dual admission, joint recruitment and coordinated curriculum and student support.
- The institution undertakes to internationalize its entire curriculum.

The Improvement Process commences with the institution's proposal for its Quality Initiative, some years before the reaffirmation date. The Commission staff advises the institution in the development of its proposal, but final approval of the proposal requires peer review by the Commission. At the institution's preference this review may be a desk review performed in the manner of a typical grant proposal to a foundation, or it may be a campus visit. The proposal will be judged on the sufficiency of scope, significance, and resources planned; the timeline; the clarity of expected outcomes; and the results measures. The results measures are those upon which the Quality Initiative will be evaluated at the conclusion of the Improvement Process.

When the proposal has been approved, the institution launches and conducts its initiative. At the end, the institution prepares a Quality Initiative Results Report, in the framework outlined in the approved proposal. A team of peer reviewers then visits the institution to evaluate the results. The Improvement Process should allow the institution to take risks, aim high, and if so be it, learn from only partial success or even failure. Therefore, the results measures address such things as the seriousness of the undertaking, the genuineness of commitment to and sustained engagement in the initiative, and adequate actual resource provision. The penalties in the Improvement Process may include a repetition of the Improvement Process, a

shortening of the decennial cycle for the next Improvement Process, and requirement of the Mandated Comprehensive Evaluation for that cycle, but not sanction.

#### The Results Visit

A team of peer reviewers conducts a Results Visit to the institution to evaluate the Quality Initiative Results Report. The team prepares and sends a preliminary report to the Commission staff. The Commission staff reviews the report, discusses it with the team as needed, and sends it to the institution for correction of fact. The team prepares its final report and recommendations. These recommendations are with regard to the Quality Initiative; for continued accreditation, they will be joined with the recommendations from the Assurance Review.

#### Mandated Comprehensive Evaluation

The Mandated Comprehensive Evaluation is required when an institution is seeking initial accreditation status or when it does not meet the eligibility requirements for the Open Pathway, including appropriate completion of a previous Quality Initiative. It is also an option for institutions that are eligible for the Open Pathway. The Mandated Comprehensive requires in-depth self-study across all the Criteria for Accreditation. Particular emphasis upon certain of the Criteria or federal compliance requirements may be required, depending upon the circumstances and history of the institution. These requirements are determined by the Commission staff in consultation with the institution.

The Assurance Process for this pathway is the same as that for the Open Pathway except that the Assurance Narrative is omitted as it would be redundant given the self-study. The Assurance Review and the Results Visit are merged and are carried out by a peer review team in a single visit. In consequence, this process closely resembles the traditional accreditation process.

#### Commission Decision Making Processes

The Commission staff brings together the reports from the Assurance and Improvement Processes and prepares a summary based upon the findings and recommendations from both. The reports from the Assurance and Improvement Processes, together with the staff summary, are reviewed for final action regarding the institution's accreditation status, including any follow-up requirements or sanction as recommended by the Assurance Review and any change in the cycle or pathway for the next Improvement Process as recommended by the Quality Initiative Results Visit. For institutions undergoing Mandated Comprehensive Evaluation, all actions flow from a single team visit.

#### Public Disclosure

The Commission will disclose, in abbreviated form, the results of intermediate and continuing accreditation assurance reviews. The format will be standard. No public disclosure by the Commission of the Results Visit or any aspect of the Improvement Process is anticipated.

#### Phase-in: Timeline

It is expected that the Open Pathway will not be available to any institutions with scheduled continued accreditation reviews before September 2013. In 2009, a few institutions with scheduled continued accreditation reviews after September 2012 will join the new model as pioneer institutions. During the transitional period, all other institutions will remain in PEAQ and AQIP. Thereafter, the new model will be available to institutions as their continued accreditation cycles indicate.