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

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 by 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, the Open Pathway, 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.

Annual data collection and analysis of certain financial and non-financial indicators will continue for all institutions and may occasionally lead to Commission action. Full review of institutional compliance with Commission Criteria and federal requirements will occur twice in a 10-year cycle. In year four of the ten-year cycle, peer review of the Assurance Process will be carried out at distance through electronic documents and synchronous interaction with the institution. In year ten, a second Assurance Review will include a visit by a team of two or three peer reviewers.

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 elects to do for substantial institutional improvement. At the institution’s preference, the Improvement Process will begin with either a two-day campus visit or a Commission-facilitated forum. The Improvement Process will culminate in peer review at distance of the institution’s Quality Initiative Report. This review will be based on the measures defined by the institution in its Quality Initiative Proposal. The Improvement Process timeframe is flexible to accommodate the amount

of time necessary to complete or make substantial progress toward completion of an institution's Quality Initiative.

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

This Open Pathway 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 as they naturally occur over time.
- To enhance rigor by using a system that checks institutional data annually, allows for additional assurance review as needed, and looks in depth twice in the 10-year cycle.
- To integrate as much as possible all HLC processes and Commission requests for data into the Assurance Process and continued accreditation cycle.
- To be as cost efficient as possible.

This working paper describes the preliminary plan for the Open Pathway 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 analyzed annually for financial and non-financial indicators of institutional well-being. This analysis may result in the requirement of additional reports or focused visits. All data requirements of the Commission are folded into the AIDU, which becomes part of the Evidence File (see below).

Eligibility for the Open Pathway

The Commission determines whether an institution is eligible to participate in the Open Pathway or will be required to follow the Mandated Track. 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 (see below). The Mandated Track is required for all institutions in the first ten-year period of accredited status and those that do not meet the conditions for the Open Pathway. An institution in the Open Pathway may lose its eligibility by failing to make a serious effort to conduct its Quality Initiative. The Mandated Track requires more intensive and more frequent reviews and operates in a five-year timeframe. The Mandated Track is described in a separate document.

AQIP will remain an alternative in its current form. Institutions currently in AQIP may remain in AQIP or may elect to participate in the Open Pathway when it is phased in (see below).

The Assurance Process

Assurance is based upon evidence that is stored electronically in a system maintained by the Commission. 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 that occur naturally during the normal operations of the institution.

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 selects materials to be included for that purpose. The Assurance Narrative 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 and analyses. 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

Two formal Assurance Reviews take place in the ten-year cycle: a fourth-year review that is conducted at a distance and a tenth-year review that is conducted through a team visit. The fourth-year Assurance Review provides a means for the Commission to identify accreditation issues and for the institution to take action well before tenth-year Assurance Review and reaffirmation of accreditation. The fourth-year Assurance Review also clears the institution to proceed with its Quality Initiative (see below).

For both Assurance Reviews, a peer review team reviews the Evidence File and the Institutional Review File and writes a preliminary report. In the fourth-year review, 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 errors of fact. If there has not been a site visit requested by the team, the institution may request one if it believes that a site visit would provide additional evidence that would materially affect the recommendations of the team. The team revises the report as needed 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.

The tenth-year Assurance Review includes a visit and results in a recommendation that will be joined with the recommendation from the Quality Initiative to determine continued accreditation.

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. The Improvement

Process typically occurs once every ten years unless the institution requests an earlier date for its Quality Initiative or did not appropriately complete its most recent Quality Initiative.

The Quality Initiative

The institution designs its Quality Initiative to suit its present concerns or aspirations. The following are examples of Quality Initiatives:

1. An institution undertakes a broad based self-evaluation and reflection leading to revision or restatement of its mission, vision, and goals.
2. An institution determines to focus on sustainability in its operations and throughout its curricula.
3. An institution joins with a group of peer institutions, which it identifies, to develop a benchmarking process for broad institutional self-assessment.
4. An institution undertakes a multi-year process to create systemic, comprehensive assessment of student learning.
5. 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.
6. An institution pursues a strategic initiative to improve its financial position.

The institution may also choose from a Commission menu of Quality Initiative topics and Commission-facilitated programs.

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 launched by a Quality Initiative Visit or participation in a Commission-facilitated Quality Initiative Forum. In either mode, the proposal will be judged on sufficiency of scope, significance, and resources planned; the timeline; and the clarity of expected outcomes. Shortly after the visit or forum, the institution submits its final Quality Initiative Proposal, which is reviewed and approved by the visit or workshop reviewers.

When the proposal has been approved, the institution launches and conducts its initiative, to occur within a period determined by the Commission's Open Pathway Timeline and the particular characteristics of the Initiative itself. At the end, the institution prepares and submits a Quality Initiative Report, in the framework outlined in the approved proposal. A team of two or three peer reviewers evaluates the Quality Initiative Report at distance. When possible and at the request of the institution, the Commission will make reasonable efforts to retain the original Quality Initiative proposal reviewers to participate in the evaluation of the Initiative. 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 errors 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.

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, although the reviewers will offer consultative advice on any germane aspect of the Quality Initiative Report, the evaluation of the Report will address only the good faith of the effort: 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 Quality Initiative (on the same or a newly-proposed topic), a

shortening of the decennial cycle for the next Improvement Process, or movement to the Mandated Track for the next cycle; the Improvement Process cannot result in a sanction.

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 Review.

Public Disclosure

The Commission will disclose, in abbreviated form, the results of assurance reviews. The format will be standard. No public disclosure by the Commission of the Quality Initiative Report or any aspect of the Improvement Process is anticipated.

Phase-in: Timeline

The Commission is conducting a Demonstration Project in which groups of Pioneer institutions will help design and test the new model. The Pioneer groups were launched in fall 2009 primarily for reaffirmations in 2012-13; it is expected that an additional group will be launched in fall 2010 for reaffirmations in 2013-14 and a third in fall 2011 for reaffirmations in 2014-15. During the transitional period, all other institutions will remain in PEAQ and AQIP. In fall 2012, PEAQ institutions with visits in 2015-16 and beyond that are determined to be eligible will transition to the Open Pathway according to a phase-in timeline that will place the institutions in the 10-year Open Pathway according to their scheduled reaffirmation dates.