ENSURING THE EXPERTISE TO GROW SOUTH AFRICA

Policy on Accreditation of Engineering Programmes Meeting Stage 1 Requirements

E-10-P

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REVISION HISTORY

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BACKGROUND: ECSA ACCREDITATION SYSTEM DOCUMENTS

Figure 1 below defines the documents regarding the system of the Engineering Council of South Africa (ECSA) for the accreditation of programmes that meet the educational requirements of the professional categories. The illustration also locates the current document.

Figure 1: Documents defining the ECSA Accreditation System

1. PURPOSE

This document defines the policy of the ECSA that governs the accreditation process for programmes meeting the Stage 1 requirements towards registration in the professional categories of the ECSA. The full range of programmes is listed in document E-03-P Schedule 1. These include current programmes for the different professional roles:

- BSc(Eng) / BEng programmes meeting Stage 1 requirements towards registration as a Professional Engineer;
- BTech / BEng Tech / Adv. Dip. (Eng) / BEng Tech Hons programmes meeting Stage 1
requirements towards registration as a Professional Engineering Technologist; and


This document is structured as follows:

Section 3: Introduces accreditation, its purpose and the types of programmes and diploma programmes considered for accreditation.

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

Section 5: States ECSA policy on the processes for the accreditation of programmes at various stages of their lifecycles.

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

Section 7: Defines policy on observers at accreditation visits and Education Committee meetings.

Section 8: Defines roles and responsibilities.

Section 9: States ECSA policy on ensuring fairness of accreditation decisions, publishing accreditation decisions and confidentiality of the process.

Section 10: States ECSA policy on cost recovery.

Section 11: Defines policy applicable to accreditation visits outside South Africa.

2. RELATED DOCUMENTS

Document E-10-P lists the documents defining the accreditation system and definitions of terms with particular meanings.
3. ACCREDITATION AND PROVISIONAL ACCREDITATION

3.1. Accreditation

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

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

Accreditation is granted by the ECSA to an engineering programme and to the qualification awarded. For the purposes of Section 19(2) (b) (i) of the Engineering Profession Act, No. 46 of 2000, the examinations and other forms of assessment of exit-level outcomes are accredited as satisfying the required outcomes for the category.

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

3.2. Provisional accreditation

*Provisional accreditation* is a form of accreditation that may be awarded to a new or extensively revised programme through a quality assurance process shortly after the stage at which students have completed half the required academic credits.

Provisional accreditation may be awarded to a type of programme listed in document *E-03-P* Schedule 1 and having at least 360 Higher Education Qualifications Sub-Framework (HEQSF)
credits. The criteria for provisional accreditation are defined in document E-03-P.

Provisional accreditation indicates to the provider and the students in the programme that the sections of the programme already implemented are generally consistent with applicable criteria, and if the remainder of the programme is implemented as planned and identified deficiencies and concerns are addressed, the qualification is likely to be accredited. The ECSA will not accredit the qualification at the provisional accreditation stage.

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

Graduates meeting the requirements of the programme during the period of provisional accreditation are granted recognition retrospectively by the ECSA when the programme is accredited. Should a programme that was granted provisional accreditation be denied accreditation as a result of the accreditation visit, the graduates shall be deemed not to hold an accredited qualification.

The procedure for provisional accreditation evaluation is defined in Section 5.1.2, step 2.

3.3. New programmes

The ECSA does not accredit proposed new programmes but offers various advisory evaluations, which are detailed in Section 5.1. New programmes require accreditation by the Higher Education Quality Committee (HEQC) of the Council on Higher Education to enter the higher education system.

3.4. Responsibility for accreditation

The Education Committee is responsible for decision-making with regard to the accreditation of the BSc(Eng) / BEng, BTech and National Diploma programmes in addition to new types of technology programmes (BEng Tech, Advanced Diploma, Advanced Certificate).

The Council has delegated authority to the Education Committee to grant accreditation for a defined period. In addition, the Education Committee may authorise provisional accreditation of programmes after consideration of the full report from the accreditation team and may approve recommended
Interim or Final visits.

The Council has also delegated authority to the Education Committee to withhold accreditation from non-accredited qualifications and programmes and withdraw accreditation from existing programmes.

Detailed responsibilities of the Education Committee are listed in Section 8.

### 3.5. Recognition of autonomy of education providers

Accreditation of engineering programmes is mandatory under the Engineering Profession Act.¹ The ECSA respects the autonomy of education providers to design programmes to satisfy the prescribed standards, to develop teaching and learning processes to achieve the required quality standards and to deploy adequate resources to meet these goals.

The applicable standard for the type of programme sets the minimum requirements for accreditation in terms of the outcomes to be achieved and the profile of knowledge. Education providers are accorded flexibility to construct programmes in order to meet these requirements.

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

### 3.6. Programmes eligible for accreditation

The types of programmes listed in document **E-03-P** Schedule 1 may be considered for accreditation or provisional accreditation by the relevant Education Committee.

A provider offering a programme for accreditation must be responsible for the curriculum design in addition to assessing all exit-level outcomes, managing alternate entry mechanisms (including transfer of credits, recognition of prior learning) and awarding the qualification.

It is recognised that with the move to outcome-based specifications and an education and training

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

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system that focusses on articulation and progression, educational institutions may propose new types of programmes, combinations of programmes or new pathways designed to meet the accreditation requirements. A provider wishing to pursue such initiatives should make a full proposal for preliminary evaluation under the procedure presented in Section 5.1, showing how the new type of programme(s) intends to satisfy the accreditation criteria.

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

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

3.7. Mandatory site visit

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

3.8. Obligation to provide evidence of compliance with accreditation criteria

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

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

Evidence or information supplied after the visit will not be considered by the accreditation team or the Education Committee.

Should relevant information not be provided, the team may report that certain evidence was not
available and that compliance of the programme with one or more criteria could not be verified. Such a programme will be treated as deficient, and accreditation may, at best, be granted for a limited period with a revisit required.

4. THE ACCREDITATION CYCLE

The accreditation cycle is five years. Accreditation may be granted for a shorter period (one to three years) to a programme that requires remediation to meet the accreditation criteria. The period of accreditation must not extend beyond the next Regular Visit.

Accreditation of a qualification and programme in a particular year means that members of the graduating class of that year are recognised as meeting the educational requirements towards registration in the relevant category. The graduating class of a particular year includes the students who qualify for the subsequent academic year through assessment without being required to re-register.

A programme accredited for a shorter period than the full cycle with the requirement that deficiencies (defined in Section 4.4) are remedied remains accredited and should be so described to the public by the ECSA and the provider.

4.1. Types of accreditation evaluation visits

Accreditation evaluation visits are classified into three types:

**Regular Visit:** Visit according to the accreditation cycle

**Interim Visit:** Visit held at a time within the cycle stated by the Education Committee in the decision on the findings of the previous visit

**Final Visit:** Visit to a programme that was given notification of termination of accreditation by the Education Committee after the previous visit

A type of evaluation that may arise from a Regular Visit or an Interim Visit that does not require an

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2 The accreditation cycle is five years for BEng and four years for BEng Tech programmes.
on-site visit is an Interim Report. An Interim Report is an evaluation of the aspects of a programme as required by the Education Committee in making a decision on the findings of the previous visit.

4.2. Accreditation findings and decisions

The decision of the Education Committee on each programme is based on the report of the findings of the accreditation team during the visit. Findings are reported using a structure defined in document E-14-P and address the outcomes, content, effectiveness of teaching and learning and the critical success factors that confirm the sustainability of the programme.

In the case of an Initial Evaluation, only the prose section of the report should be completed. This should, however, be comprehensive, be guided by the detailed questions and include the full set of the Commission for Higher Education (CHE) criteria for new programmes.

4.3. Responsibility for reporting

The Team Leader for a particular programme is responsible for the quality of the report that is to be submitted to the Education Committee. The report must clearly distinguish between matters that affect accreditation decisions and matters identified for academic programme improvement. The visit reports must provide sufficient detail for the Education Committee to make informed accreditation decisions.

The reports are sent to the university and must clearly indicate matters that require remediation or that relate to programme improvement. Reports must not prescribe methods for addressing issues.

After preparation and agreement by the visit teams, the reports together with the Visit Leader’s report must be reviewed by a panel of three consistency reviewers that is appointed by the Education Committee. The consistency reviewers must

- determine if the reports reflect a logically consistent judgement of the evidence against the criteria and whether recommendations on deficiencies and concerns, if any, relate to the accreditation criteria or not; and
- confirm that the reports conform to the prescribed format and the writing is of adequate quality for the various audiences, which include the Education Committee, university senior management, Deans, Heads, academics involved in the programme and the...
The consistency reviewers may refer reports back to the Visit Leaders or Team Leaders for improvement. The consistency reviewers must not edit the reports or make judgements on the programme(s).

4.4. Accreditation decisions

Document **E-03-P** defines the accreditation criteria and must be read with the relevant sections of the standard referred to in the criteria.

4.4.1. Terminology

Elements of the accreditation team’s findings for consideration by the Education Committee are defined as:

**Deficiency:** Terminology used to identify a condition or a combination of factors that do not conform to an accreditation criterion or criteria

**Concern:** A matter not viewed as a deficiency but a matter that an accreditation team considers as potentially affecting the programme’s future compliance with an accreditation criterion or criteria

**Comment:** Communicates impressions of the team to the academic unit and includes commendations or constructive criticism on negative factors that are not classified as deficiencies or concerns

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

4.4.2. Addressing the accreditation criteria

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

In addressing Criterion 2, teams should note that several sets of assessment criteria could be equally valid for each outcome. Providers should, therefore, be accorded flexibility to use either the set of exemplar assessment criteria if given in the standard for the particular type of programme or to use a fully documented set that demonstrates achievement of the learning outcome.

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

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

The visiting accreditation team is required to indicate whether there are deficiencies or concerns relating to each question or not and make comments as appropriate.

4.4.3. Decision rules

Decision rules D1–D9 below are guided by certain principles. A programme judged by the Education Committee to have

- no deficiencies must be granted accreditation to the year of completion of the accreditation cycle;
- deficiencies that after the Interim and Final visits still compromise the graduate’s educational foundation for further formation in the appropriate professional role must not be granted further accreditation; and
- deficiencies that do not compromise the graduate’s educational foundation for further formation in the appropriate professional role must be granted accreditation for a period not exceeding three years. This is conditional on the provider undertaking to improve the programme and verifying the improvements by means of an interim evaluation before the end of the period.
Accreditation decisions are made using the results of the key questions 1 to 4 in document E-14-P and the following *decision rules*.

**In the case of a programme that produces graduates**

**D1. Any type of visit:** If no deficiencies are identified, grant accreditation until the year of the next Regular Visit. Concerns that may exist are to be addressed and the results assessed at the next visit. If deficiencies are identified via the key questions, apply the rules D2 to D7 that are appropriate to the type of visit.

**D2. A Regular Visit with identified deficiencies:** Grant accreditation for a period not exceeding three years; the Education Committee judges will allow the provider time to bring about the required improvements. Select one of the mechanisms (a or b below) for verifying that the provider has remedied the deficiencies:

a) an Interim Visit within one to three years of the original visit; or

b) the submission of an Interim Report within 6–24 months of the original visit.

The Education Committee must adopt this measure only if it is clear that

- the result of the remediation can be assessed objectively;
- deficiencies can be remedied within two years; and
- verification by report is appropriate.

Concerns may exist and are to be addressed and the results assessed at the next Regular Visit. The Education Committee must specify in the decision letter the sections of the documentation defined in document E-12-P that must be included in the Self-Study Report of the visit.

**D3. An evaluation by Interim Report with identified deficiencies:** This requires an Interim Visit within six months of consideration of the report.

**D4. An evaluation by means of an Interim Visit with newly identified or previously declared deficiencies:** This requires notice to be issued to terminate accreditation and to conduct a Final Visit within 12 months of the Interim Visit.

**D5. A Final Visit with newly identified or previously declared deficiencies:** Withdraw accreditation. Determine whether withdrawal is to be immediate or whether accreditation extends to graduates of...
**D6. Any visit with current or previously declared deficiencies:** If the Education Committee judges that there is a demonstrable lack of commitment or capacity on the part of the provider to address deficiencies, issue notice to terminate accreditation. A Final Visit is required within six months of the decision. The provider must produce a plan for teaching out or transferring students registered in the programme.

**D7. A non-accredited programme already producing graduates:** Apply the principles/rules 2 and 3 in Section 4.4.3 to decide whether to grant, to grant for a period or to withhold accreditation.

**D8. A programme that is new or judged to be extensively revised and has students who have attained one half of the academic credits for the programme at the time of the visit:** If the Education Committee judges that the qualification and programme are likely to receive accreditation if implementation continues according to documented plans and identified deficiencies or concerns can be remedied, grant provisional accreditation.

**D9. A programme in which requirements listed in D8 are not met:** Do not grant provisional accreditation to the programme.

### Provider response in cases of decisions with identified deficiencies

In the case of Decisions D2, D4, D6 and D7 (other than accredit to the next Regular Visit), the provider must acknowledge the decision and commit to the time scale laid down for the next visit or report within two months of the date of the letter conveying the accreditation decision.

### In the case of a programme submitted for Initial Evaluation in terms of Section 5.1

The Education Committee must express an opinion on the planned programme taken from Opinion 1 (O1), Opinion 2 (O2) or Opinion 3 (O3), or O2 and O3 combined:

**O1:** The planned programme as reflected in the documentation is free from deficiencies and concerns.

**O2:** Aspects of the planned programme as reflected in the documentation are potentially deficient in the respects listed above.

**O3:** Aspects of the planned programme as reflected in the documentation are cause for concern in the current year.
the respects listed above.

General requirement

For situations in which deficiencies and concerns are to be addressed, the provider must be given freedom by the Education Committee to determine the way it will bring about the necessary improvements and include alternative approaches.

4.5. Material change during a period of accreditation

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

- any changes to the programme that could potentially affect compliance with accreditation criteria, including changes to programme structure, content, outcomes assessed or the educational process; and
- altered conditions that could be detrimental to sustainability of the programme.

Accreditation or provisional accreditation may be reviewed if such changes take place.

The provider is expected to supply the ECSA with all information requested. The Education Committee, having considered the information provided, must determine a course of action within the policy and procedures.

When changes to the curriculum, assessment processes or key resources are planned or are in progress at the time of an accreditation visit, the changes must be identified as specified in document E-12-P. The documentation must identify all the possible cohorts of students who will qualify under the existing and changed conditions.

If the change is considered major (more than 50% of credits affected), Section 5.2 may apply.

5. ACCREDITATION EVALUATION PROCESSES

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

5.1. New programmes

5.1.1. Initial Evaluation

This policy provides three mechanisms to accommodate programmes that are newly designed and programmes that are already producing graduates and are presented for accreditation for the first time:

1. **Initial Evaluation**: A paper-based evaluation of a proposed programme based on comprehensive planning information. Available to providers that do not have programmes accredited by the ECSA for at least one cycle.

2. **Simplified Initial Evaluation**: A simplified paper-based evaluation of a proposed programme based on selected planning information. Available to providers that have programmes accredited by the ECSA for at least one cycle.

3. **Desktop Evaluation**: A comprehensive paper-based evaluation of an existing unaccredited programme that produces graduates. May be required as a precondition to an accreditation visit in the case of providers that do not have programmes accredited by the ECSA but have completed one accreditation cycle.

A provider wishing to present a programme in one of the above categories must apply to the ECSA for an evaluation. On receipt of approval of the type of evaluation, a self-study in accordance with the policy in document E-12-P that is appropriate to the type of evaluation must be submitted as specified in Table 1 of document E-12-P.

The outcomes of the Initial or Desktop evaluations are advisory. In addition, the Desktop Evaluation indicates whether proceeding to an accreditation visit is premature or not.

**Note**: Domestic providers introducing a new programme or extensively revising a programme must submit the programme to the HEQC for accreditation in accordance with the requirements of the HEQC.
5.1.2. Provisional Evaluation

Once a programme of 360 or more credits has been implemented and the first group of students has completed 50% of the academic credit requirements towards the programme, the provider should initiate an accreditation visit with a view to attaining provisional accreditation. The accreditation visit should take place within six months of students attaining the required credits.

The documentation must follow the guidelines in document E-12-P. The Provisional Evaluation is carried out as follows:

1. The ECSA Regulatory Functions Division must assemble an Accreditation Team as described in Section 6.2 to undertake an on-site visit.
2. The Accreditation Team advises the Education Committee on whether or not provisional accreditation should be granted, subject to implementation continuing as planned and remediation of deficiencies and concerns.

5.1.3. Evaluation on Regular Visit

Once the programme has produced its first graduates, an accreditation visit must be initiated. The accreditation visit should take place within six months of students attaining the required credits. The subsequent cycle of visits may be adjusted to coincide with that of other programmes in the home faculty.

The ECSA may decline to accredit a programme until sufficient graduates have been produced to allow a full and valid judgement of the attainment of outcomes and assessment of sustainability.

5.2. Extensive revision of accredited programmes

A provider wishing to restructure an existing accredited programme extensively is required to inform the ECSA of its intentions. The Education Committee must determine an appropriate course of action in each case in consultation with the Dean and the person responsible for the programme. Some or all of the steps for new programmes described in Section 5.1 may be invoked, and the accreditation status of the programme may be reviewed. Such a revised programme may require treatment as a new programme due to CHE requirements if more than 50% of the programme is changed.
5.3. Evaluation of currently accredited programmes

At least 12 months before the end of the period of accreditation, the ECSA Regulatory Functions Division will remind the provider by a letter to the Vice-Chancellor that is copied to the Dean of the termination date of the current accreditation. In addition, the provider will be advised to initiate an accreditation visit to take place during the last year. Detailed steps and timelines are defined in document E-11-P.

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

5.4. Evaluation of existing non-accredited programmes

A provider may invite the ECSA to conduct an evaluation of an existing programme that is not currently accredited but is producing graduates.

The ECSA conducts such an evaluation in two stages:

1. If the programme has previously been refused accreditation or has had a previously awarded accreditation withdrawn, the provider must apply for approval as a new programme according to the procedure in Section 5.1.
2. The submission must describe the steps that have been taken to meet the accreditation requirements of the ECSA.

5.5. Procedure for visits other than regular visits

The following procedure must be followed in the case of a visit other than a Regular Visit.

The ECSA Regulatory Functions Division in consultation with the Education Committee must

1. determine the purpose of the visit;
2. appoint a Visit Leader, Deputy Leader if required,\(^3\) Team Leaders and Teams, as described in Section 6.2;

\(^3\) See provision for a Deputy Leader for large or multisite visits in Section 6.3.
3. take into account the required pre-visit documentation and on-site documentation;
4. determine the process to be followed;
5. determine the duration of the visit and set the timetable for visit activities; and
6. define the elements that must be reported on by the team.

5.6. Evaluation on the basis of the Interim Report

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

1. The initial Accreditation Team is reassembled to consider the report. If it is not possible to restore the entire team, persons may be co-opted to serve on the reassembled team.
2. The Team considers the report without carrying out a site visit.
3. The Team Leader determines the detailed work plan for the Team.
4. The Team confers by teleconference or e-mail and may meet if necessary.
5. The Team prepares a report using the relevant sections regarding the format prescribed in document E-14-P and inserting the findings from the evaluation of the provider’s report.
6. The report is presented to the Education Committee following the normal procedure.

Detailed steps and timelines are defined in document E-11-P.

5.7. Expiry of period of accreditation

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

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

When accreditation or provisional accreditation expires, the Regulatory Functions Division must satisfy itself that the ECSA has taken all reasonable measures to initiate the evaluation and that failure to arrange a visit is a consequence of the provider’s wishes, refusal or default. Expiry of accreditation without an evaluation visit must be reported to the ECSA’s Education Committee who
will determine the course of any further action. The recommendation by the Education Committee must be forwarded to Council for the final decision. Such a decision must be reported to the CHE.

5.8. Programmes delivered at multiple sites

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

In the case of an identically designated programme that is offered at more than one site, accreditation visits must be carried out at every site, and the accreditation team(s) must report and make recommendations on the programme at each site individually. If the provider identifies the site of delivery on the qualification certificate or transcript, a separate accreditation decision must be made on each site by the Education Committee. The decision may differ from site to site.

If the provider does not identify the site of delivery on the qualification certificate or transcript, a single accreditation decision must be made that is applicable to all sites. The decision to accredit or to accredit for a period will be based on all sites at least meeting the conditions that warrant the decision. (The decision appropriate to the worst site applies to all sites.)

5.9. Distance education programmes

Distance education programmes must satisfy all accreditation criteria. When evaluating the programme against Criterion 3, the accreditation team must consider

- the effectiveness of the distance delivery platform;
- whether there is adequate and effective face-to-face learning support or not; and
- whether the provider takes full responsibility or not for quality assurance of the programme, including activities at remote sites.
6. THE ACCREDITATION TEAM

The following types of assessors are involved in the accreditation process:

- **Visit Leader**: the person appointed to lead a multi-team visit.
- **Deputy Visit Leader**: the person appointed to assist the Visit Leader with the effective management of the visit in the case of a visit with multi-programmes and/or a multisite visit.
- **Team Leader**: the person appointed to lead the programme accreditation team.
- **Team Member**: a person appointed into a programme accreditation team.

6.1. Registration of programme assessors

The Regulatory Functions Division of the ECSA and the Education Committee must ensure that sufficient assessors are available for programme accreditations for the following three years.

The Education Committee in conjunction with the ECSA Regulatory Functions Division must ensure that sufficient visit leaders and team leaders are identified for anticipated visits over the subsequent three years.

Accreditation teams comprise individuals who are listed as programme assessors. The ECSA Regulatory Functions Division is required to maintain a list of accreditation assessors for all programmes.

Identified persons may serve as visit leaders, team leaders, team members or observers, providing they do not have a relationship with the provider concerned to the extent that their judgement may be unduly influenced by the relationship (e.g. staff, members of the provider’s advisory committee(s), external examiners or moderators).

**Schedule 1: Qualification of assessors for different types of programmes**
### Type of Programme | Registration Category
---|---
BSc(Eng) or BEng | Professional Engineer
BTech | Professional Engineer, Professional Engineering Technologist
National Diploma (ND) | Professional Engineer, Professional Engineering Technologist, Professional Engineering Technician

#### 6.1.1. Visit Leaders

An individual on the list of assessors who has experience as a Team Leader may be identified by the ECSA Regulatory Functions Division in consultation with the Education Committee and be designated a Visit Leader, providing the individual satisfies the following criteria:

- Is registered in the relevant category as shown in Schedule 1
- Has three years post-registration experience
- Has experience of at least three accreditation visits as a Team Leader
- Has been identified by the Regulatory Functions Division and ratified by the Education Committee as a potential Visit Leader
- Has completed the initial mandatory training in the method of accreditation
- Attends refresher training

#### 6.1.2. Deputy Visit Leaders

An individual on the list of assessors who has experience as a Team Leader may be identified by the ECSA Regulatory Functions Division in consultation with the Education Committee and be designated a Deputy Visit Leader, providing the individual satisfies the following criteria:

- Is registered in the relevant category as shown in Schedule 1
- Has three years post-registration experience
- Has experience of at least four accreditation visits of which one must be as a Team Leader
- Has been identified by the Regulatory Function Division and ratified by the Education Committee as a potential Deputy Visit Leader
- Has completed the initial mandatory training in the method of accreditation
- Attends refresher training

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When downloaded for the ECSA Document Management System, this document is uncontrolled and the responsibility rests with the user to ensure that it is in line with the authorised version on the database. If the 'original' stamp in red does not appear on each page, this document is uncontrolled.
6.1.3. Team Leaders

An individual on the list of assessors who has experience as a Team Member may be identified by the ECSA Regulatory Functions Division in consultation with the Education Committee and be designated as a Team Leader, providing the individual satisfies the following criteria:

- Is registered in the relevant category as shown in Schedule 1
- Has at least three years post-registration experience
- Has experience of at least three accreditation visits as a Team Member
- Has been identified by the Regulatory Functions Division, Visit Leaders and Team Leaders and ratified by the Education Committee as a potential Team Leader
- Has completed the initial mandatory training in the method of accreditation
- Attends refresher training

6.1.4. Team Members

An individual on the list of assessors may be identified by the ECSA Regulatory Functions Division in consultation with the Education Committee and be designated a Team Member, providing the individual satisfies the following criteria:

- Is registered in the relevant category as shown in Schedule 1
- Has completed the initial mandatory training in the method of accreditation
- Attends refresher training

The Regulatory Functions Division must ensure a representative composition in terms of diversity, experience, discipline and competency.

6.2. Composition of the accreditation team

An accreditation team is appointed for each identified programme, pathway or distinct option that is to be evaluated.

1. The accreditation team that evaluates a programme must be represented as follows:
The Education Committee will play an oversight role in the selection of the accreditation teams.

In consultation with the Education Committee, the ECSA Regulatory Functions Division will select and appoint Visit Leaders and Deputy Visit Leaders.

In consultation with the Visit Leaders and the Deputy Visit Leaders, the Regulatory Functions Division will select and appoint Team Leaders.

In consultation with the Visit Leader, Deputy Visit Leader and Team Leaders, the Regulatory Functions Division will select, and appoint Team Members.

Where necessary, the Regulatory Functions Division in consultation with the Visit Leader, Deputy Visit Leader and Team Leader will co-opt competent persons to fill vacancies as required.

2. The Team must have no less than three (and usually no more than four) members and must comprise no less than one academic and no less than two members who are currently active in the industry or are professionals in the discipline of the programme being evaluated.

3. Where two or more programmes are evaluated simultaneously and are judged by the Education Committee to have significant overlap in engineering content, the teams may have common membership, providing there is a minimum of three members per programme.

1. The team members’ individual specialities should be dispersed as evenly as possible across the sub-disciplines of the programme under evaluation.

2. Subject to item 6, all team members must be registered as assessors for the type of programme, bar one member who may not yet be registered as an evaluator but must have attended training.

3. Where the Regulatory Functions Division considers it necessary, one member of the team who is not a registered assessor may be appointed as
   a regional assessor in terms of Section 12 of this policy;
   a programme evaluator in a jurisdiction that is a signatory to the relevant mutual recognition agreement; or
   an engineering education expert recognised by the Regulatory Functions Division and/or the Education Committee/Chairperson, providing the latter is not the sole academic.\(^4\)

4. The Team Leader may designate a Team Member as rapporteur, but the Team Leader

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\(^4\) Thus, a team of four could be two registered evaluators, one international/educational expert member and one novice.
5. Additional requirements regarding the composition of the Team for each type of programme is defined in Schedule 2.

Schedule 2: Composition of accreditation teams for different types of programmes

<table>
<thead>
<tr>
<th>Programme Type</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: BSc(Eng) / BEng and Equivalent Programmes</td>
<td>The team must not have more than four members for a single programme.</td>
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</table>
2. An appropriate mix of Professional Engineering Technologists and Professional Engineering Technicians consistent with the programmes being evaluated must exist in the team. |

6.3. Process for appointing teams

Most visits require several teams for the programmes on offer. The ECSA Regulatory Functions Division appoints Visit Leaders, Team Leaders and Team Members through the process defined in Section 6.2 above and using the timelines defined in document E-11-P:

- In the case of a visit with five or more programmes or a multisite visit, persons qualified to be Visit Leaders may be appointed as Deputy Visit Leaders as required for effective management of the visit. The Visit Leader must assign responsibilities to the Deputy Leader(s) but retains overall responsibility of the Visit Leader functions.
- Names of the proposed Team Members are submitted to the Dean to ensure that no conflict of interest exists for any Team Member in accordance with timelines defined in document E-11-P (see Section 6.6).
- The ECSA Regulatory Functions Division and the Visit Leaders will deal with contingencies arising in this process.
During the phasing in of the outcome-based criteria and related accreditation procedures, the ECSA Regulatory Functions Division in consultation with the Education Committee may appoint a Facilitator to assist the Visit Leader and Team Leaders in procedural matters and in interpretation of the criteria.

6.4. Visit Leader’s responsibilities

A Visit Leader accompanies a multi-team visit. In accepting the appointment, a Visit Leader commits to the following duties:

1. Finalising the team membership in consultation with the Regulatory Functions Division.
2. Finalising the visit timetable in consultation with the Regulatory Functions Division.
3. Pre-visit liaising with Team Leaders to ensure teams are fully prepared for the visit.
4. General co-ordinating and problem-solving during the visit and liaising between teams on mutual interests.
5. Courtesy/accreditation business visits with executive officers of the provider.
6. Meeting with student leadership.
7. Assisting Team Leaders to produce consistent recommendations across teams and across visits.
8. Ensuring that team reports are complete, consistent and contain fully justified conclusions, particularly when conclusions are negative or critical.
9. Presenting reports at the Education Committee meeting.
10. Checking the decision letters.
11. Evaluating the accreditation process and the performance rating of Team Leaders post visit.
12. Identifying Team Leaders to be trained in the future as potential Visit Leaders.

6.5. Team Leader’s responsibilities

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

1. Assist with the identification of Team Members if such a need arises.
2. Read the documentation fully before the visit in order to identify issues that require investigation and instances where additional information is required.
3. Communicate with Team Members regarding issues and information requirements that they have identified. Collate issues and information requirements. A template is available in Appendix A of
document E-14 1/2/3-P. Communicate information requirements to the person responsible for the programme. Maintain a record of these actions.

4. During the visit, ensure that all necessary information to support the team’s findings and recommendations is collected and verified.

5. Allocate duties to Team Members.

6. Ensure that all deficiencies and concerns are communicated to the Head of Department during the visit.

7. Ensure that the draft report is written by the end of the visit.

8. Ensure that the Final Report is produced, approved by the Team, signed and checked for consistency by the Visit Leader and submitted to the ECSA Regulatory Functions Division through the Visit Leader.

9. Identify potential Team Leaders for training for future visits.

6.6. Team Member’s responsibilities

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

1. Before the visit, read the documentation fully in order to identify issues that require investigation and instances where additional information is required.

2. Identify points lacking information for further investigation.

3. Be present for the entire visit.

4. Perform duties assigned by the Team Leader.

5. Conduct/participate in staff and student interviews.

6. Scrutinise on-site documentation.

7. Contribute to Draft 1 Report and Recommendation.

8. After the visit, work with the Team Leader by e-mail to produce Draft 2 of the Report.

9. After the visit, work with the Team Leader by e-mail to produce the agreed Final Report.

6.7. Composition of the Education Committee

To evaluate the accreditation visit reports, the Education Committee must be constituted as defined in the Terms of Reference for the Education Committee.
The Education Committee must co-opt additional members as necessary to ensure the following criteria are met:

- There is no less than one academic and no less than two members who are currently active in the industry or working professionally in the category of the programme being accredited.
- The co-opted member(s) must meet the criteria of a Visit Leader as defined in Section 6.1.1.

7. POLICY ON OBSERVERS AT ACCREDITATION VISITS AND EDUCATION COMMITTEE MEETINGS

7.1. Accreditation visits

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

- International observers
- Representatives of related standards and quality assurance bodies
- Persons approved by the Regulatory Functions Division

Observers at accreditation visits are bound by the following rules:

- Participation as an observer may be initiated by the ECSA or an interested organisation.
- The observer must be disclosed to the institution whose programmes are being accredited in order to identify actual or potential conflict of interest that will disqualify the observer.
- The observer may not communicate directly with the institution before or after the visit on matters relating to the visit. Communication should only be directed to the ECSA Regulatory Functions Division.
- Observers are expected to be present for the full duration of the visit, including the evening team meetings. Observers may be present at all accreditation team activities, including closed team meetings.
Observers are supplied with relevant ECSA documents on standards and procedures and general visit documentation when requested.

During the investigation phase of the visit, observers should be present at interviews with staff and students. Observers may not independently pose questions to staff and students.

Observers are free to contribute to the discussion in closed team meetings.

An observer may not influence the team recommendation. Observers should be present during the formulation of the team report and recommendation and may only contribute to the recommendation if the contribution does not influence the team's final decision.

During the visit, the observer will follow a programme of activities that has been agreed upon by the Visit Leader and affected Team Leaders. Definition of and ruling on limitations of an observer's activities while on the visit is the sole prerogative of the Visit Leader, except in the case of a monitoring visit.

7.2. Education Committee meetings

Observers at Education Committee meetings may participate in the discussion if their objective is to contribute their expertise and knowledge to the discussion. Observers may be present at all phases of the meeting but must not influence the committee's final decisions.

7.3. General requirements for both accreditation visits and Education Committee meetings

The general requirements are presented below:

- Observers are expected to treat documentation and verbal information gained on a visit or at a meeting as confidential and not to release such information to another party without the consent of the ECSA and the institution.
- Observers are expected to present a short report to the ECSA on their impressions of the visit. Should the report be marked confidential, it shall be treated as such by the ECSA.
- Observer organisations are expected to meet all costs of their participation unless this requirement is waived by the ECSA.
8. DUTIES AND FUNCTIONS OF THE EDUCATION COMMITTEE AND THE REGULATORY FUNCTIONS DIVISION

8.1. Education Committee

The obligations of the Education Committee are

- to operate within the framework of the ECSA's Standing Orders for Council and Committees of Council;
- to ensure sufficient capacity for the list of persons acting as Visit Leaders, Team Leaders and Team Members;
- to keep the Executive Committee and Council informed of decisions taken in terms of these delegated powers and to report on trends or other matters of professional and public concern arising from its activities;
- to grant accreditation for a defined period and provisional accreditation to programmes after consideration of the full report from the accreditation team and to approve recommended Interim or Final visits;
- to withhold accreditation from non-accredited qualifications and programmes and to withdraw accreditation from non-compliant existing programmes;
- to approve accreditation visit schedules, reporting deadlines and dates of the Education Committee meetings; and
- to recommend reviews as necessary to ensure that the accreditation standards of the ECSA are substantially equivalent to those of accrediting bodies with whom the ECSA has entered into a mutual recognition agreement.

8.2. Regulatory Functions Division

The obligations of the Regulatory Functions Division are

- to draw up a preliminary accreditation visit schedule for approval by the Education Committee;
- to approve attendance of observers;
- to appoint the relevant accreditation teams;
- to keep the CHE/HEQC informed of accreditation activities and decisions;
- to deal with all administrative requirements pertaining to visits;
• to consult with the Education Committee and relevant role players for purposes of identifying potential assessors; and
• to issue a list of programmes accredited by the Education Committee and to update the list as accreditation decisions are made.

9. TRANSPARENCY, CONFIDENTIALITY AND PUBLICATION OF DECISIONS

The accreditation process requires confidentiality in certain aspects and transparency in others. This section describes the approach adopted by the ECSA to achieve the correct balance between transparency and confidentiality.

9.1. Confidentiality

Apart from reflecting the outcome of each accreditation evaluation in the list of recognised programmes, the ECSA will not divulge details of investigations, documentation, correspondence or discussions between the ECSA, the accreditation team and the provider concerned without the approval of the provider. From time to time, the ECSA may supply team and visit leader reports to the Council on Higher Education in terms of agreements that are in force.

Reports may be supplied to co-signatories of international accords to which the ECSA is a signatory in the course of reviews of the ECSA accreditation system.

9.2. List of accredited programmes

After each set of accreditation decisions, the ECSA Regulatory Functions Division on behalf of Council publishes documents **E-20-PE**, **E-20-PT** or **E-20-PN** as appropriate to the programme. The document contains a list of all providers’ programmes accredited at the time and in the past. The list shows the initial and the final year of the accreditation period(s). In the case of a programme that is no longer accredited, the previous period(s) of accreditation are shown. Provisionally accredited programmes are also identified in the list. The list of accredited programmes indicates the qualification title and branch and the discipline or option of the qualification. In addition, where the qualification may be attained by different pathways, the entry will specify the pathway(s) to which the accreditation
Dates of validity of accreditation are specified in month/year format and except in the case of summary withdrawal of accreditation, dates demarcate academic years or semesters, depending on the arrangement of the programme. Dates of validity of accreditation of each programme refer to the academic year in which the individual completes the requirements to graduate and includes re-examination without re-registration early in the following year. The last year of registration of a graduate must be established from the academic transcript.

9.3. Information to students in provider's programmes

Education providers are expected to inform the students in each programme of the current accreditation status of the qualification. In the case of a new programme, the provider must keep the student body appraised before and after the provisional accreditation visit and before and after the actual accreditation visit.

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

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

9.4. Ensuring fairness in accreditation reporting and decisions

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

- Evaluation of the programme must be performed using the accreditation criteria defined in document E-03-P and read with the relevant standard and the reporting format defined in document E-14-P.
- Identified or potential deficiencies, concerns, comments and constructive criticism must be raised with the Head of Department and relevant staff members at the interviews during the
visit.
- The visiting accreditation team must prepare a complete first draft report, and discuss it with the Head of Department by the close of the visit.
- The Team Leader must prepare a second draft report in consultation with Team Members to obtain mutual agreement.
- The consistency review mechanism described in Section 4.3, which strives for consistency of judgement and reporting across visits and teams, must be implemented.
- The agreed second draft report and recommendations of the accreditation team must be submitted to the Dean of the faculty for comment by an agreed date after the visit. The principal objective is to ensure that the report is free of factual errors. The Dean may respond to the findings and recommendations. No new information or description of remedial measures may be submitted at this stage.
- In the case of the Dean raising matters of fact or responses to the decisions, the Team Leader must, in consultation with Team Members and the Visit Leader, consider the matters raised and if necessary, amend the report.
- The Final Report must then be prepared and approved on behalf of the Team by the Team Leader.
- The report(s) on the programme(s) together with the Visit Leader’s report must be circulated to the Education Committee members prior to the meeting at which the reports are considered.
- The Dean of the faculty to which the report refers is entitled to be present at the meeting of the Education Committee while the reports are being presented. The Dean may answer questions from the Committee and make representations to the Committee as deemed necessary. The Dean is excused from the meeting by the Committee at the stage when the Committee is ready to deliberate and decide on the matter.
- In its deliberations, the Education Committee must take into account any unresolved matters raised by the Dean, both in response to the second draft report and at the meeting.
- The Chief Executive Officer must inform the provider of the decision(s) via a letter to the Vice-Chancellor or Rector and copied to the Dean. Deficiencies and concerns as applicable to each decision must be clearly indicated in the letter. The decision letter must stipulate the requirement to notify the ECSA of material change during the period of accreditation (see Section 5.5) and the obligation on the provider to inform students of the accreditation status.
of the programme. The Visit Leader Report and individual team reports must be attached to the decision letter.

9.5. Appeals

Document E-16-P defines the procedure to be followed to appeal a decision of the Education Committee.

9.6. Formative aspects of accreditation

While the accreditation team and the Education Committee have a duty to the profession and the public to recommend withholding accreditation from qualifications and programmes that do not satisfy the stated outcomes, there is a complementary duty to encourage programmes that are deficient to improve and attain accredited status.

Interim Visits and Interim Reports in the accreditation cycle provide the opportunity for universities to respond to deficiencies identified by the Team. Teams may also identify areas of concern. The ECSA therefore requires accreditation teams to formulate their reports in a firm but constructive way, particularly where deficiencies and concerns are identified. The formative process cannot, however, continue indefinitely, and if deficiencies persist or new deficiencies are identified at a Final Visit, accreditation must be withdrawn. Similarly, if there is clear evidence that a provider lacks the commitment or the capacity to remedy deficiencies within a specified period not exceeding three years, accreditation must be withdrawn.

9.7. Assistance to education providers

The ECSA is prepared to offer general assistance to education providers on the standards and procedures for accrediting engineering programmes, for example, in the form of workshops and briefings. The ESCA cannot, however, offer detailed advice on issues relating to particular programmes except for issues that arise from the processes described in this and related documents. The ECSA does not recommend or prescribe approaches to address specific deficiencies and concerns for programme improvement.
10. COSTS

From time to time, the ECSA determines the accreditation fees per programme based on average costs levied for conducting accreditation visits within South Africa. In addition, the provider is expected to bear the costs of documentation, on-campus meals and refreshments during the visit.

11. POLICY VARIATIONS FOR TRANSNATIONAL ACCREDITATION VISITS

11.1 In a state belonging to the Southern African Development Community (SADC) or the Southern African Federation of Engineering Organisations (SAFEO), the Education Committee may, upon request from an appropriate party defined in items 4 and 5 below and after concluding an appropriate agreement, conduct accreditation visits in that territory. A request for accreditation beyond SADC or SAFEO must be referred for approval to the Stakeholder Relations before entering into an agreement to conduct such visits. This must be in conjunction with an evaluation of the merits and risks of such an arrangement by the ECSA Regulatory Functions Division.

11.2 The policy, standards and process for transnational accreditation visits are as defined in the present document.

11.3 The ECSA must observe the sovereignty of the jurisdiction in which the programme is delivered and ensure compliance with the legal and regulatory requirements of the jurisdiction.

11.4 Appropriate parties that may request regional accreditation visits include a group of universities or a single university and the authoritative local engineering body, which may be a registration or a voluntary body.

11.5 Requests to conduct accreditation activities in one or more universities should be supported by the authoritative local engineering body if present. The local engineering body will be expected to participate in the visit process by

11.5.1 providing observer(s) at accreditation visits, subject to the policy on observers in Section 7; and

11.5.2 identifying persons who meet the requirements to qualify as regional members of accreditation teams as defined in items 7 to 9 below.
11.6 Requests to conduct accreditation of programmes offered in regional states will be considered only for programmes that are producing graduates in the first instance. Once a university has programmes accredited by the ECSA, the Initial Evaluation and the Provisional Accreditation mechanism defined in document E-10-P (see Section 3.2) may be invoked for new programmes.

11.7 The following applies in lieu of Section 6.1.1. To qualify as a regional assessor, a person must

11.7.1 be registered with a body recognised by the Education Committee for this purpose in an equivalent category to the category shown in Schedule 1;

11.7.2 have post-registration experience in relevant practice or in an academic or research position for three years;

11.7.3 have completed training in the method of accreditation as prescribed by the Education Committee; and

11.7.4 have attended further training in the event of a major change in policy or practice.

11.8 Regional evaluators may progress to Team Leader and Visit Leader status, as stated in sections 6.1.2 and 6.1.3.

11.9 The following applies in lieu of Section 6.2, clause 6. In the case of regional accreditation visits, two members of the team may be regional members, providing the other team composition requirements in Section 6.2 are satisfied.

11.10 On first receiving a request to evaluate a programme or programmes in a regional state, the ECSA should offer the university or universities and the local engineering body an Accreditation Training Workshop for all staff and members involved.

11.12 The ECSA should then request the university to submit self-study documents as required by document E-12-P. An electronic submission of on-site documents as required in document E-12-P (see sections 6.1–6.4 and Section 6.8) must be made.

11.13 Following the process defined in document E-11-P Section 10, a Desktop Evaluation is carried out, culminating in a report to the Education Committee. The report is as defined in document E-14-P, but accreditation recommendations are not made. The Education Committee may
indicate that an accreditation visit may be premature.

11.14 In the absence of an indication that the visit may be premature, the university may request the ECSA to carry out accreditation for particular programmes.

11.15 Cost recovery for transnational accreditation visits is based on actual costs of the visit.
**Revised Policy on Accreditation of Engineering Programmes Meeting Stage 1 Requirements**

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<th>Revision Date</th>
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<td>Rev. 0: Concept-A</td>
<td>16 Feb 2006</td>
<td>Adapted from PE-70 and TAC Guidelines</td>
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<td>14 Sept 2017</td>
<td>Removal of ad-hoc committee, replaced with Education Committee</td>
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<td>9 Oct 2017</td>
<td>Inclusion of programme names as aligned with HEQSF</td>
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The Policy on Accreditation for:
Engineering Programmes Meeting Stage 1 Requirements

Revision 5 dated 16 November 2017 and consisting of 41 pages has been reviewed for adequacy by the Business Unit Manager and is approved by the Executive: Policy Development and Standards Generation (PDSG).

[Signature]
Business Unit Manager

16/08/2018
Date

[Signature]
Executive: PDSG

17/08/2018
Date

The definitive version of this policy is available on our website.