



The Danish
Accreditation Institution

Guide to institutional accreditation

**The Danish Accreditation
Institution**

1 July 2013



Contents

PART 1. FRAMEWORK AND PURPOSE

- 1. The purpose of institutional accreditation 3
- 2. About this guide 4

PART 2. THE SELF-EVALUATION REPORT

- 3. The self-evaluation report 5
- 4. The five criteria 7

PART 3. ASSESSMENT AND DECISION

- 5. Holistic assessment of quality assurance.....17
- 6. General expectations for quality assurance18
- 7. Audit trails.....23
- 8. Decisions, consequences, recommendations and following up25

PART 4. THE APPLICATION AND ACCREDITATION PROCESS

- 9. Framework, forwarding and formal requirements.....27
- 10. The accreditation process27



1. The purpose of institutional accreditation

The purpose of the accreditation system and institutional accreditation is to strengthen the work carried out at education institutions to develop programmes to an increasingly high level of academic quality and relevance.

This means that institutional accreditation must be goal-oriented in such a way as to help the given institution to focus primarily on quality assuring and developing its own programmes – and not solely on documentation with regard to the accreditation process itself. Institutional accreditation must therefore be organised so that it supports the continued development of the quality and relevance of programmes. Students are the point around which the institution's educational activities revolve so they also play an important role in connection with institutional accreditation.

Institutional accreditation places the responsibility for the quality of programmes squarely with the institution and the institution management. This means that the institution must have established a quality assurance system that reflects the programmes at the institution. Institutional accreditation gives the institution a free hand to organise its quality assurance system so long as it can show that it lives up to the five criteria for quality and relevance laid down in the ministerial order. All higher education institutions must work with the same model for institutional accreditation. The act and the ministerial order follow the European standards for quality assuring higher education programmes (European Standards and Guidelines – ESG).

The Accreditation Act, the criteria in the ministerial order and the more detailed points of the criteria constitute the foundation for an evaluation of the work carried out at education institutions to ensure and develop the quality and relevance of their programmes.

The act and the ministerial order state that quality assurance must be ongoing and systematic, that there must be a clear division of responsibility and labour, that quality assurance must be firmly anchored at management level, that institutions must have an inclusive quality culture and that quality assurance must focus on programmes as a whole and on concrete teaching. Institutional accreditation involves assessing whether the institution's quality assurance system is described in detail, is well-argued and well-functioning in practice. This means that it is insufficient for the system to fulfil the criteria on paper. The day-to-day performance of quality assurance at the institution must



show that the system works and ensures the quality of programmes both before and after institutional accreditation.

2. About this guide

The aim of this guide is to help staff at institutions to produce the necessary information for the accreditation process. This is the information that the accreditation panel needs in order to decide whether your institution lives up to the five criteria for quality and relevance and whether your quality assurance system in general and in practice provides quality and relevance at programme level and local provision of programme level.

At the same time as the institution shows how it lives up to the five criteria, attention must be paid to illustrating the connection between the various aspects of the quality assurance system, its anchoring in the different management levels and quality culture.

The criteria indicate the expectations there are for the institution's policies, strategies and procedures and for quality assurance in practice. Over and above these expectations, the guide does not specify any pre-defined procedures and methods that must be applied with regard to institutional accreditation. On the other hand, you must show the accreditation panel how you will structure and perform your quality assurance to ensure that it lives up to the criteria. The panel must then decide whether the quality of the system and the way it is put into practice is sufficient to ensure that you can handle the ongoing assurance of the quality and relevance of programmes.

Quality assurance is understood in the guide as the institution's overall quality policies, strategies and procedures and the division of responsibility that supports the quality assurance system. According to the wording of the ministerial order, quality assurance includes the implementation of the quality assurance system in practice at all organisational levels at the institution. Quality assurance covers the work of strengthening and developing the quality and relevance of programmes.



The guide is divided into four parts, each of which contains several sections:

- Part 1 deals with framework and purpose, which are described in sections 1 and 2.
- Part 2 shows how you must show that your quality assurance system lives up to the Accreditation Act and the criteria of the ministerial order. This is described in sections 3 and 4.
- Part 3 describes how the quality assurance system and programme quality will be assessed. This is in sections 5, 6, 7 and 8.
- Part 4 describes the application and accreditation processes in detail in sections 9 and 10.

3. The self-evaluation report

You must describe and document the quality assurance system and the work performed in connection with quality assurance at the institution as part of the accreditation process. This must be done in the form of a self-evaluation report and in connection with the audit trails that will be used.

This section deals with the self-evaluation report. Audit trails and documentation in connection with audit trails are described in section 7.

In addition to written information, the accreditation panel will base its assessments on the information obtained at meetings with the management, students, teachers and external stakeholders during the site visits of the panel members.

3.1. Documentation

The first part of the self-evaluation report is *documentation*, which includes written quality policies, strategies, procedures and processes and the division of responsibility that supports them. If your institution has a decentralised organisation, you must also include information on decentralised policies and strategies and/or other supplementary



documents which you feel are relevant to illustrate the overall policy and approach to quality assurance.

Written documentation in the self-evaluation report should be kept to a minimum and it must be existing documentation that is already included in internal quality assurance. If it is necessary to clarify the connection between your policies and procedures, etc., and the fulfilment of the criteria, you are welcome to provide a brief account of this connection.

As part of your self-evaluation report you must briefly describe three concrete examples of how you perform quality assurance in connection with criteria III, IV and V. The purpose of the examples is simply to provide panel members with an initial impression of the way in which you understand and work with quality and relevance and to create a point of departure for a dialogue with the various groups during the site visits. The panel members will not assess your quality assurance system on the basis of these examples alone, but the dialogue with you concerning the general principles of your quality assurance will be included in the panel's assessments. Each example should take up no more than two to three pages.

3.2. The management's reflections

The second part of your self-evaluation report involves preparing a document containing the *management's reflections* about your quality assurance system. These reflections must be written down at top management level at the institution.

The management's reflections must take into consideration the way in which the quality assurance system functions in relation to the specific character of the institution, its visions, objectives and challenges. They must also take account of the strengths, weaknesses and potential of the quality assurance system and of the way the management will continue to work with the ongoing development of the quality assurance system.

In addition, the management's reflections must account for strategic considerations regarding the overall portfolio of programmes and local provision of programmes at the institution. This could include the overall dimensioning of existing programmes and local provision of programmes and institutional aims in connection with new areas. Finally, the management could include its own assessments of how the institution is geared to developments on the labour market.



The management's reflections will form part of the basis for the panel's assessment of whether the quality assurance system is well-argued and what its status is in the general development strategy for the institution.

The management's reflections should take up no more than ten pages.

3.3. Key figures regarding the institution's programmes and local provision of programmes

Key figures on the progress of studies, employment/unemployment and dropping out in connection with the individual programmes and local provision of programmes at the institution must be made available to the accreditation panel. This must be agreed between the institution and the Danish Accreditation Institution at the beginning of the accreditation process.

The key figures must be from the two latest years for which they are available and must follow the definitions used in the institution's sector area.

- If these key figures are accessible in central databases, the Danish Accreditation Institution will make them available to the panel.
- If the key figures for progress of studies, employment/unemployment and dropping out that you use in your quality assurance are not accessible in central databases, you must enclose them in your self-evaluation report.

The purpose of making the key figures available is to provide insight into the quality of the work with management information and to provide the accreditation panel with a basis for selecting audit trails.

4. The five criteria

You must illustrate and document your quality assurance system and the work you perform in connection with quality assurance based on the five accreditation criteria and the detailed points of the criteria established in the ministerial order on accreditation. You are



responsible for ensuring that the descriptions and documentation adequately illustrate the criteria and their detailed points. All of the detailed points under the individual criterion must be included in the overall response but they need not be reported independently. The guide does not point out any independent measurement or documentation points under the individual criterion.

Criteria I and II cover the *overall framework* for quality assurance at the institution. Criteria III, IV and V deal with how your *practice* ensures the knowledge base, academic level, content and relevance of your programmes.

Criterion I deals with your quality assurance policy and strategy and the procedures and processes that support this policy. Policy, strategy, procedures and processes must include all programmes and local provision of programmes and cover their knowledge base, academic level, content and relevance. Documentation for criterion I thereby also provides a framework for documenting the institution's practice in connection with criteria III, IV and V. If your policy, procedures and processes cover the knowledge base, academic level, content and relevance of the programmes, you can refer to the policies and procedures described under criterion I in your response to criteria III, IV and V. If it is necessary to clarify the connection between your policies and procedures and the fulfilment of the criterion, you are welcome to provide a brief account of this connection.

Criterion II deals with the anchoring of quality assurance at management level, with the organisation and division of responsibility for quality assurance and with management information and quality culture. Much of this can be illustrated with the help of written documentation, but quality culture, for instance, will also be illustrated at meetings during the panel's site visits. The criterion also deals with the performance of quality assurance and it is therefore closely connected with the practice that you must describe in connection with criteria III, IV and V. For example, criterion II emphasises that quality assurance must be *based on the ongoing collection, analysis and application of relevant information on areas such as employment*, while criterion V points out *that graduates' situation regarding employment* must be monitored continually. This means that an assessment under criterion II will also be based on information that forms part of criteria III, IV and V.

Criteria III, IV and V deal with the degree to which the institution ensures *in practice* that all programmes have a knowledge base, have the



appropriate academic content and level, the right educational quality and are relevant in relation to the labour market and society. The focus is on how you work on an ongoing basis to systematically quality assure your programmes and local provision of programmes and on how you view and think about quality assurance in a given context.

4. 1. Criterion I: Quality assurance policy and strategy

Criterion I: Quality assurance policy and strategy
The institution has a formally-adopted quality assurance policy and strategy for strengthening and developing quality and relevance of the programmes and the local provision of programmes on an ongoing basis.
<u>Details:</u> The institution's quality assurance policy and strategy must be publicly available and must: <ul style="list-style-type: none">• establish concrete, ambitious objectives for overall quality assurance and development at the institution,• describe the processes and procedures that will help to achieve the established objectives and detect and handle relevant problems and challenges on an ongoing basis,• cover all of the higher education programmes offered by the institution, irrespective of their placement and form of organisation and cover all areas of relevance for strengthening and developing the quality and relevance of programmes and local provision of programmes, cf. criteria III-V. Where maritime education institutions are concerned, however, the quality assurance policy and strategy adopted must include all of the local provisions of programmes offered by the institution.

The Danish Accreditation
Institution

4.1.2. Show how you fulfil the criterion

You must show which of the institution's policies and procedures help to ensure that the institution fulfils the criterion, among other things by describing the objectives of the quality assurance policy for quality assurance and development and how these objectives can be achieved.

If different quality policy apply across the institution (e.g. between different parts of the institution) or between programmes (e.g. between



different types of programme), you must describe the different quality policies.

You can use the institution's quality assurance policy, strategy and procedures for quality assurance as documentation, for instance. If your institution has a decentralised organisation, you must also include information on decentral policies and strategies and other supplementary documents which you feel are relevant to illustrate the institution's overall policy and strategy.

You can document this criterion together with criterion II if the institution's documents are worded in such a way as to illustrate both criteria.

4.2. Criterion II: Quality management and organisation

Criterion II: Quality management and organisation

Quality assurance is anchored at management level and is organised and performed in such a way as to promote development and the maintenance of an inclusive quality culture that supports and furthers the quality and relevance of programmes.

Details:

Quality assurance must be performed in pursuance of the institution's quality assurance policy and strategy and must:

- include all management levels and relevant institutional levels and be based on a clear division of responsibility and labour,
- involve teachers and students on an ongoing basis and draw on other relevant internal and external players and stakeholders,
- be performed on an ongoing basis in a systematic, goal-oriented manner,
- include and be based on the ongoing collection, analysis and application of relevant information on programmes and local provision of programmes, e.g. information on teaching activities, drop-out rates, employment, time taken to complete courses and internationalisation,
- be based on clear standards to determine when there are unsatisfactory circumstances that require action and procedures for following these up,
- include systematic assessments of development needs and opportunities.



4.2.1. Show how you fulfil the criterion

You must show how your quality assurance system fulfils the criterion, among other things by describing the policies and procedures, etc., which help to ensure that this is the case.

Your documentation must show how you work on an ongoing basis to systematically quality assure your programmes and local provision of programmes and on how you view and think about quality assurance in a given *context*. Your response could include areas such as the objectives you have set up in relation to the criterion, what you do to make sure that these objectives are achieved, how you decide whether the objectives have been achieved and what you do if they have not.

Among other things, the documentation you can use includes your procedures for quality assurance and development, as well as the placing of management responsibility and following-up.

Part of your response could possibly be a reference to or identical with your account of criterion I and you could also refer to your response to criteria III-V.

4.2.2. Basis of assessment

In addition to the documentation you forward in connection with this criterion, the documentation for other criteria and audit trails can also provide a basis for the accreditation panel's assessment.

4.3. Criterion III: The programmes' knowledge base

Criterion III: The programmes' knowledge base
The institution has a practice which ensures that programmes and teaching are always founded on a knowledge base that corresponds to that of programmes of the given type at the given level and provides a firm basis for achieving programme objectives.
<u>Details:</u> The knowledge base includes the institution's strategic and practical work of ensuring that relevant, updated knowledge constitutes the basis for programmes and is actively drawn on in connection with teaching. The institution must ensure: <ul style="list-style-type: none">• that programmes are connected with relevant academic environments and are always based on new knowledge that is of



relevance for programmes of the given type at the given level and that are established in pursuance of the legislative provisions on the knowledge base of programmes,

- that teachers' academic qualifications are updated and developed on an ongoing basis,
- that teachers take part in or maintain active contact with relevant research environments, development environments or areas of employment, cf. the statutory knowledge base of programmes, and continually draw on knowledge and experience from these in connection with teaching,
- that students are kept in contact with the relevant knowledge base by including them in activities related to this, for instance.

4.3.1. Show how you fulfil the criterion

You must show how your performance of quality assurance fulfils the criterion regarding the knowledge base of programmes, among other things by describing which policies and procedures help to ensure that this is the case.

Your response must illustrate how you work on an ongoing basis to systematically quality assure your programmes and local provision of programmes and on how you view and think about quality assurance in a given *context*. Your response could include areas such as the objectives you have set up in relation to the criterion, what you do to make sure that these objectives are achieved, how you decide whether the objectives have been achieved and what you do if they have not.

If there is a difference between the way you perform quality assurance across the institution (i.e. between different parts of the institution) or between programmes (i.e. between different types of programme), you must describe the ways in which quality assurance is performed in these cases.

You can forward the institution's policies and procedures for ensuring the level and content of programmes as part of this criterion, or you can refer to the institution's policies and procedures in this area as described in connection with criterion I. If it is necessary to clarify the connection between your policies and procedures and the fulfilment of the criterion, you are welcome to provide a brief account of this connection.



4.3.2. Basis of assessment

In addition to the account and the documentation you forward in connection with this criterion, audit trails are also included in the basis of the accreditation panel's assessment.

4.3.3. Example of the institution's quality assurance in the area

You must provide an example of how the institution's quality assurance system ensures the knowledge base of the programme in practice in order to create a good point of departure for a dialogue with the accreditation panel. The example should take up no more than two to three pages.

4.3.4. Points to note, depending on the statutory basis of the programmes

Among other things, the rules establish that programmes at academies of professional higher education (erhvervsakademier) and university colleges (professionshøjskoler) have a knowledge base founded on vocations, professions and development, that bachelor and masters programmes at universities are research based and that art and cultural programmes are based on artistic development activities and/or knowledge derived from academic practice and/or research.

4.4. Criterion IV: Programme levels and content

Criterion IV: Programme levels and content
The institution has a practice which ensures that programmes have an appropriate level, an academic content and an educational quality that supports students' learning and the achievement of programme objectives.
<u>Details:</u> The institution must ensure: <ul style="list-style-type: none">• that programmes continually maintain a level that corresponds to the relevant type descriptions in the Danish qualifications framework for higher education programmes,• that programme content reflects programme objectives and that the organisation of teaching and educational quality supports students' learning and the achievement of these objectives,• that there are ongoing, regular student evaluations of programmes



and teaching and that the results of this are systematically applied,

- that those elements of programmes held outside the institution, including work placement, clinical courses and courses held abroad, are covered by systematic quality assurance,
- that facilities and resources at institutions support teaching and students' completion of programmes,
- that there are regular evaluations of programmes with the inclusion of external experts and that the results of this are included in the further development of programme objectives, contents and organisation.

4.4.1. Show how you fulfil the criterion

You must show how your performance of quality assurance fulfils the criterion regarding the level and content of programmes, among other things by describing which of the institution's policies and procedures help to ensure that this is the case.

Your response must illustrate how you work on an ongoing basis to systematically quality assure your programmes and local provision of programmes and on how you view and think about quality assurance in a given *context*. Your response could include areas such as the objectives you have set up in relation to the criterion, what you do to make sure that these objectives are achieved, how you decide whether the objectives have been achieved and what you do if they have not.

If there is a difference between the way you perform quality assurance across the institution (e.g. between different parts of the institution) or between programmes (e.g. between different types of programme), you must describe the ways in which quality assurance is performed in these cases.

You can forward the institution's policies and procedures for ensuring the level and content of programmes as part of this criterion, or you can refer to the institution's policies and procedures in this area as described in connection with criterion I. If it is necessary to clarify the connection between your policies and procedures and the fulfilment of the criterion, you are welcome to provide a brief account of this connection.



4.4.2. Basis of assessment

In addition to the documentation you forward in connection with this criterion, audit trails are also included in the basis of the accreditation panel's assessment.

4.4.3. Example of the institution's quality assurance in the area

You must provide an example of how the institution's quality assurance system in connection with this criterion ensures programme level and content in practice in order to create a good point of departure for a dialogue with the accreditation panel. The example should take up no more than two to three pages.

4.4.4. The points to note depend on the statutory basis of the programme

Where academies of professional higher education and university colleges are concerned, the rules establish that most of the curricula for the majority of professional bachelor programmes, academy profession programmes, and diploma programmes are common to the institutions that provide them. This makes special demands for cooperation on the revision of curricula between institutions. Your response must indicate how your institution handles this.

Where universities and academies of higher education in art are concerned, programme curricula, and also the level of the expected learning outcomes, are established by the individual institution. This makes special demands on these institutions with regard to ensuring that there is a connection between the description of the learning outcomes of the programme and the level it is at, cf. the Danish qualifications framework for higher education programmes, and between programme content, the expected learning outcomes and the programme title. Your response must indicate which procedures will be applied to ensure these connections.

The requirement for academies of professional higher education and university colleges is that these institutions must have adequate procedures to ensure the acquisition of the necessary number of work placement places to complete programmes at these institutions. This applies to new and existing programmes. Your response must indicate how the institution will ensure that there are sufficient work placement places for students.



The qualifications framework for lifelong learning applies to programmes at maritime education institutions that are not higher education programmes.

4.5. Criterion V: Programme relevance

Criterion V: Programme relevance
The institution has a practice which ensures that new and existing programmes reflect the needs of society and are continually adapted to societal development and the changing needs of the Danish labour market.
<p><u>Details:</u> The institution must ensure:</p> <ul style="list-style-type: none">• that programmes reflect the needs of the labour market and that students acquire relevant competences,• that relevant external stakeholders, including potential employers and graduates, are continually and systematically included in the dialogue on programmes, including their objectives, content and results, and that the results of this are applied to the adaptation of programmes,• that central external stakeholders, including potential employers and possible authorising bodies, etc., are included in the development and assessment of suggestions for new programmes,• that the circumstances of graduates with regard to employment and developments on the Danish labour market are monitored on an ongoing basis and that the results of this are systematically evaluated with the aim of arriving at a more detailed establishment of when the employment situation gives rise to separate initiatives.

The Danish Accreditation
Institution

4.5.1. Show how you fulfil the criterion

You must show how your performance of quality assurance fulfils the criterion regarding the relevance of programmes, among other things by describing which of the institution's policies and procedures help to ensure that this is the case.

Your response must illustrate how you work on an ongoing basis to systematically quality assure your programmes and local provision of programmes and how you view and think about quality assurance in a



given *context*. Your response could include areas such as the objectives you have set up in relation to the criterion, what you do to make sure that these objectives are achieved, how you decide whether the objectives have been achieved and what you do if they have not.

If there is a difference between the way you perform quality assurance across the institution (e.g. between different parts of the institution) or between programmes (e.g. between different types of programme), you must describe the ways in which quality assurance is performed in these cases.

You can forward the institution's policies and procedures for ensuring programme relevance as part of this criterion, or you can refer to the institution's policies, procedures and processes in this area as described in connection with criterion I. If it is necessary to clarify the connection between your policies and procedures and the fulfilment of the criterion, you are welcome to provide a brief account of this connection.

4.5.2. Basis of assessment

In addition to the documentation you forward in connection with this criterion, audit trails are also included in the basis of the accreditation panel's assessment.

4.5.3. Example of the institution's quality assurance in the area

You must provide an example of how the institution's quality assurance system in connection with this criterion ensures programme relevance in practice in order to create a good point of departure for a dialogue with the accreditation panel. The example should take up no more than two to three pages.

5. Holistic assessment of quality assurance

The accreditation panel will carry out an overall assessment to determine whether you can ensure the quality and relevance of programmes with the help of ongoing, systematic work with your



quality assurance system. The panel will carry out this overall assessment for each of the five criteria and across the five criteria.

The assessment will be holistic in connection with the five accreditation criteria. This means that there will be a collective weighing up of documentation in relation to each criterion and its supplementary details which will lead to the panel's assessment of each of the criteria. The accreditation report will not necessarily contain individual assessments of each of the supplementary details. Institutions differ and there may therefore also be different problems that are central at each institution. There is a connection between problems with regard to the individual criteria. For example, a dialogue with relevant external stakeholders could be an important element in ensuring that programmes reflect the needs of the labour market and that students acquire relevant competences (criterion V). These circumstances will typically be assessed collectively and thereby across the supplementary details.

There will also be a connection between assessments across the five criteria. If, for example, the institution's practice for monitoring graduates' circumstances regarding employment/unemployment is not well functioning (criterion V), this will also have a bearing on quality management and organisation under criterion II and, in this connection, on whether the management information system is organised efficiently.

The assessments will be based on all of the information provided: the institution's documentation, the management's reflections, key figures and, not least, the dialogue between the panel and the institution during site visits. Thus, the assessment will be based on knowledge of the institution's quality assurance system and, via audit trails, on concrete insight into how the quality assurance system functions in practice.

6. General expectations for quality assurance

The panel's assessments of the five criteria will be based on a number of fundamental expectations regarding quality assurance, based in turn on the Accreditation Act and the five criteria in the ministerial order. These expectations go across the individual criteria and their



supplementary details. They are emphasised here because they are important for the overall assessments the panel will make within and across the criteria. When you document your compliance with the five criteria, you must at the same time attempt to show that your quality assurance system lives up to these fundamental expectations:

- Quality assurance must be carried out on an ongoing, systematic basis and there must be a connection between ends, means, knowledge and following up regarding the institution's quality assurance system and the performance of quality assurance.
- The institution's quality assurance system must be organised in such a way that all levels of management *can take responsibility for quality assuring* the institution's programmes.
- The institution has a *quality culture* that makes it possible to link central strategies with local processes and academic values so that they support and further the quality and relevance of programmes.
- The institution has a system that provides *efficient management information* which makes it possible to prepare and process reliable key figures on an ongoing basis.
- The quality assurance system and the performance of quality assurance must focus on a *programmes' overall* objectives and content and on the organisation and performance of *teaching*.
- Tried and tested practice is important for an assessment of how well the institution's general quality assurance system functions.

Each of the points above is considered in greater detail in the following.

6.1. Systematic quality assurance – connection between ends, means, knowledge and following up

The accreditation panel will decide whether your quality assurance is performed on an ongoing, systematic basis so that it is always possible to assess and develop the quality of the institution's activities.

This thereby emphasises that quality assurance is a *continuous* process and that there is a *connection* between the quality objectives you have set up and the way you ensure that the objectives can be achieved in practice. An important element in this connection is whether you



receive knowledge about problems and challenges in connection with programmes at the institution on an ongoing basis, evaluate questions and attempt to solve problems in a well-founded manner. This means there is focus on the connection between ends, means, knowledge and following up in the institution's quality assurance system and on the performance of quality assurance.

As part of its assessment of the cohesion of your quality assurance system, the panel will also focus on whether an attempt is made to solve problems in a well-founded manner. If, for instance, the institution changes its intake in connection with a given programme to solve the problem of a low rate of employment among graduates, the panel will consider whether the solution was well-founded in the light of the problem and whether it appears probable that the measure will be effective – although the results may only become evident some years after the measure was implemented. The example illustrates that institutional accreditation not only involves evaluating processes, it also involves evaluating the results of these processes.

6.2. The management can take responsibility for quality assurance

The framework established by quality assurance policy and organisation must ensure that there is an appropriate knowledge flow between the various organisational levels at the institution so that all levels of management *can take the necessary responsibility for quality assuring* the institution's programmes. This applies if you have organised the performance of quality assurance centrally and if you have organised this work more decentrally.

A well-functioning quality assurance system will therefore be characterised by the fact that there will be an upward and downward flow of relevant information on the performance of quality assurance in the organisation. There is separate focus in criterion II on determining whether quality assurance is organised in such a way that the management knows whether the system and its performance function well in practice.

6.3. Quality culture

The accreditation panel must decide whether your institution has a quality culture that supports and promotes the quality and relevance of programmes. The organisation of quality assurance must ensure that



there are systematic dialogues on the performance of quality assurance that link central strategies with local quality assurance processes and academic values. An important element in this connection is that there are dialogues between the various academic environments so that there can be a local 'translation' and adaptation of the institution's quality assurance policies and strategies. The performance of quality assurance must be characterised by confidence-building dialogues which ensure that problems are discussed and solved.

6.4. Efficient management information and key figures

Management information is important for internal quality assurance and the management's opportunity to keep well informed about any problems in connection with programmes and local provision of programmes. An efficient management information system that is adapted to the individual institution and enables reliable key figures to be prepared and processed on an ongoing basis is therefore expected to constitute part of ongoing preparedness, independently of accreditation.

Key figures are also an important element in ensuring an appropriate knowledge flow so that student representatives, the study board, teachers, organisers, those responsible for programmes and the management at various levels are kept well informed and have a common foundation for discussions.

The act and the criteria in the ministerial order emphasise the central role of *programme* quality and relevance. It is therefore decisive that the institution's key figures are available at the level of programmes and local provision of programmes. Criterion II in the ministerial order mentions that there must be a continuous and systematic collection and application of information on programme quality in connection with areas such as teaching activity, drop-out rates, employment, time taken to complete courses, internationalisation and student evaluations at your institution. Criterion V also states that the circumstances of graduates regarding employment must be monitored on an ongoing basis.

The accreditation panel will also assess the systematisation and quality of the work performed in connection with key figures, including their collection and analysis and how you apply them to follow up problems.



6.5. Focus on teaching and programmes

A well-functioning quality assurance system must focus on *a programme's overall* objectives and content and on the organisation and performance of *teaching*.

The focus on *programme* objectives and content involves making sure that each programme as a whole has relevant expected learning outcomes and a content that corresponds to the needs of society and the labour market for competences and lives up to the description of the levels of higher education programmes in the Danish qualifications framework for higher education programmes. Programmes must also be updated in relation to the latest knowledge in their field. Among other things, the quality assurance of programme objectives and content can be performed with the help of an ongoing dialogue with potential employers and graduates and with external experts from Denmark and abroad who have insight into programmes and into the society's need for competences. Such processes are relevant in connection with new and existing programmes.

The Danish Accreditation
Institution

The focus on the organisation and performance of *teaching* means that you must have systems to ensure that students achieve the expected learning outcomes and that include the latest knowledge and practice. The focus on teaching also includes that element of the programme that takes the form of work placement or teaching at institutions other than your own. You must also take up any problems that arise in connection with day-to-day teaching and solve them on an ongoing basis.

6.6. Tried and tested practice

The accreditation panel must decide how your quality assurance system ensures the quality and relevance of programmes in practice. Panel members will therefore place emphasis in their assessment on the degree to which the institution's quality assurance system is based on methods and approaches that have been tried out at the institution.

The panel will focus on how the institution identifies, analyses and solves problems in practice when they arise. The panel will consider whether this practice is based on methods that have been tried out at the institution and whether there is an ongoing adaptation and further development of quality assurance that reflects the experience gained at the institution during the performance of quality assurance.



7. Audit trails

An audit trail takes up a given problem across a number of programmes or academic areas or takes detailed account of the quality assurance of a programme or a group of programmes. Audit trails can focus on well-functioning quality assurance and on problems. The purpose of audit trails, how the panel selects them and the basis of documentation for and consequences of audit trails are described in the following.

7.1. Audit trails are part of the assessment basis

The purpose of audit trails is to illustrate how your quality assurance system functions in practice.

Examples of audit trails could be descriptions of whether the units responsible for quality assurance actually receive relevant information on areas such as study progress, employment/unemployment or course evaluations, on whether they act on this information and on whether this means that the information system can contribute to genuine quality development. Audit trails could also help to determine whether student counselling functions in accordance with the established standards and guidelines at the institution or help to gain in-depth insight into how the institution ensures the knowledge base of selected programmes or groups of programmes.

The general focus in connection with audit trails is the same as that of institutional accreditation as such. Is your performance of quality assurance ongoing and systematic, and is there a connection between means, ends, your knowledge of the quality and relevance of your programmes and your following-up? Audit trails also help to determine whether there is an appropriate knowledge flow between the various organisational levels at the institution so that all levels of management can take responsibility for quality assuring the institution's programmes.

7.2. Selection of audit trails

After consultation with you, the panel will decide which audit trails to use to illustrate the performance of quality assurance in practice. A number of different elements can be drawn on as a basis for the selection of audit trails:

The management's reflections, areas that the institution pays particular attention to, documentation in the self-evaluation report or information



from various meetings of the panel with students, teachers, the management and external stakeholders during the first site visit. The Danish Accreditation Institution's previous experience of the institution's programmes or other matters can also constitute a basis for the selection.

The key figures in the self-evaluation report can also help to identify issues that it would be relevant to take a closer look at.

Finally, the institution's management can suggest that certain issues, problems or programmes should be taken up in the audit trails.

Audit trails can thus focus on well-functioning quality assurance and on problems. The panel will give reasons for its selection of the audit trails that are included in the accreditation process in its accreditation report.

The number of audit trails will vary from institution to institution, but the more comprehensive the institution is academically and geographically, the more audit trails there will typically be. At larger institutions, the panel will usually select three to six audit trails, at medium-sized institutions this will be two to four, and at smaller institutions, one or two audit trails.

7.3 Documentation for use in connection with audit trails

As mentioned in section 3, you will be expected to illustrate audit trails with the help of existing documentation material. This documentation will typically include the minutes from study board meetings, programme evaluations, accounts of programmes, reports from external examiners, evaluations of teaching, grades, studies of graduates and similar.

You must enclose a list of the study activities/time consumption students will be offered during programmes for all programme-specific audit trails. The list could be based on a study activities model or on another method of calculation as long as typical figures are given for the number of timetabled hours students have with a teacher each week. If these data can be found in national databases, you can refer to them.

7.4. Consequences of audit trails

It is the quality assurance system in practice that is assessed in an audit trail, no matter whether the audit trail in question deals with a single



programme or with an interdisciplinary activity such as student counselling or measures designed to combat dropping out.

This means, for instance, that an audit trail that deals with programmes that have a high drop-out rate can help to determine whether the performance of quality assurance functions appropriately in relation to the measures designed to combat dropping out. In this connection, the audit trail will show whether you systematically collect knowledge about this issue and follow up the problems.

Therefore, the accreditation panel does not assess the quality or relevance of the individual programme that is included in an audit trail, but the connection between the institution's quality assurance system and the performance of quality assurance.

A critical evaluation of problems or the way they are dealt with in connection with a programme will therefore have no direct accreditation-related consequences for the programme in question as part of institutional accreditation.

8. Decisions, consequences, recommendations and following up

The Accreditation Council makes decisions on the accreditation of education institutions on the basis of the accreditation report. The council has access to all of the written material that constitutes the foundation for the panel's assessment, including the institution's statements on the hearing report. The council's decision rests on a holistic assessment of the institution's quality assurance system and on the performance of quality assurance in practice. The council's decision is made in an academically independent manner so it is not possible to submit an appeal about its decision to another authority. Complaints regarding legal matters can be addressed to the Danish Agency for Universities and Internationalisation which, from 1 October 2013, was renamed the Danish Agency for Higher Education Programmes.



Decision	Assessment	Consequence
Positive, cf. Section 9 of the Accreditation Act	Holistic assessment of whether the quality assurance system, with the exception of a few clearly delimited problems, is well-described, well-argued and well-functioning in practice.	Opportunity to establish new programmes and new local provision of programmes when they have been pre-qualified and approved, and to make adjustments to existing programmes.
Conditional, cf. Section 10 of the Accreditation Act	Holistic assessment of your quality assurance system as well-described, well-argued and reasonably well-functioning in practice. In its decision, the council will point out less well-functioning areas which you must subsequently follow up within a given time horizon.	All new programmes and local provisions of programmes must be accredited before they are established. The council will draw up a plan for following up.
Refusal, cf. Section 11 of the Accreditation Act	Holistic assessment to the effect that there are several significant shortcomings in the structure or practical functions of your quality assurance system.	The education institution cannot establish new programmes or local provision of programmes. Existing programmes must be accredited in accordance with a rota plan.

The Danish Accreditation
Institution

In the event of a refusal of institutional accreditation, the decision will contain a detailed explanation of the reasons for this. The detailed explanation will be based on the panel's assessments of the areas that should be developed. This gives the institution an opportunity to focus on the future development of its performance of quality assurance in connection with the concrete circumstances that underlie the refusal.

A decision giving conditionally positive accreditation will contain a detailed description of the less well-functioning areas that the council



based its decision on. This detailed description will in turn be based on the panel's assessments of the areas that should be developed. This gives the institution an opportunity to improve less well-functioning areas and also to use the panel's assessments and remarks in the accreditation report for future learning and development.

Where positive institutional accreditation is concerned, the accreditation report will contain recommendations regarding how the institution can strengthen its internal quality assurance. The recommendations are intended to help potential development – they are not demands that must be complied with.

9. Framework, forwarding and formal requirements

The date for forwarding the self-evaluation report is in the plan for institutional accreditation which will be sent to institutions. Other formal requirements can be found on the Danish Accreditation Institution's website.

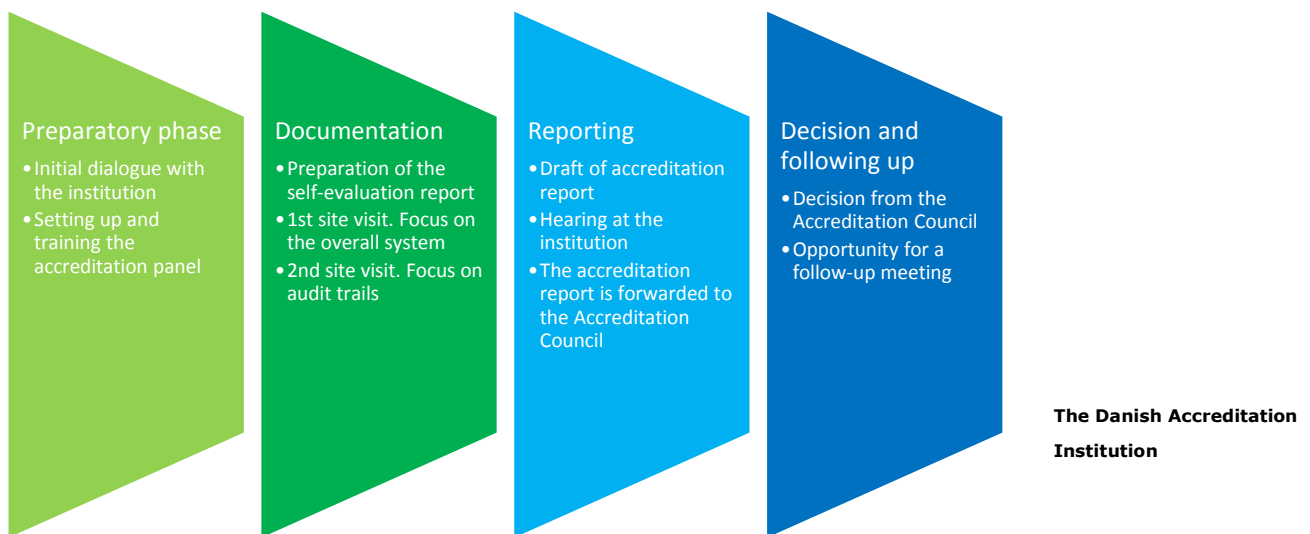
The self-evaluation report will be available to the public on the Danish Accreditation Institution' website together with the final accreditation report.

10. The accreditation process

This section contains a detailed description of a typical institutional accreditation process.

10.1. The four phases of the accreditation process

The figure below illustrates the institutional accreditation process:



10.2. Details of accreditation process phases

Preparatory phase

10.2.1. Introductory meeting with the institution

The plan for institutional accreditation indicates which institutions must be accredited and when. The Danish Accreditation Institution holds an introductory meeting with the institution at management level as the first step at the beginning of accreditation.

The general objectives for the introductory meeting are:

- to give the management an opportunity to present the institution, its organisation and strategic aims so that the Danish Accreditation Institution can adapt the process and content of accreditation,
- to provide you with a general knowledge of the process and of the content of accreditation so that you can organise an internal process, including an assessment of the relevant resource consumption,
- to discuss the timetable and the composition of the panel with the Danish Accreditation Institution, including whether accreditation should be conducted by an international panel and therefore in English,



- to have an introductory discussion with the Danish Accreditation Institution regarding how you can show in your self-evaluation report that you will work with the requirements laid down in the ministerial order on accreditation at system level.

10.2.2 Students' role

Students play a central, recurring role in connection with institutional accreditation. Firstly, the accreditation panel always has a student member. Secondly, the members of the panel meet students at the institution during the first and second site visits. During the first site visit the members of the panel meet student representatives who possess detailed insight into the institution's quality assurance system. They could be members of the board of governors, councils and boards as well as student organisations at the institution. The aim of these meetings is to obtain students' evaluation of quality assurance at the institution in general. During the second site visit the members of the panel meet students who are of relevance for illustrating the audit trails that have been selected in order to obtain their evaluation of the performance of quality assurance in practice. They could be students from the programmes included in the audit trails or students who make use of student counselling if this has been selected as an audit trail.

10.2.3. Description of the institution

During the introductory phase the Danish Accreditation Institution will prepare a factual description of your institution for the panel. The description provides a general picture of your institution, its structure and its location and will contain key figures on areas such as the number of programmes and local provisions of programmes, the number of students, teaching man years and your accreditation history. The description will be written on the basis of publicly-accessible sources such as the Finance Act and annual reports and will be forwarded to you for a hearing before it is passed on to the panel.

10.2.4. Opportunity for a dialogue on starting up

When the work on the self-evaluation report begins, you will be offered the opportunity for a meeting of consultants from the Danish Accreditation Institution and the members of the institution's staff who will be involved in collecting and processing the documentation material.



The purpose of the meeting is to provide you with an opportunity for a dialogue that will qualify the further process for the institution and the Danish Accreditation Institution. Among other items, the agenda will therefore include a presentation of the process, a discussion of the guide and possibly an adaptation of the process.

10.2.5. Setting up the accreditation panel

The Danish Accreditation Institution will set up the accreditation panel that will assess your quality assurance system. The panel must have at least three members, but where bigger and academically broader institutions are concerned, the panel will have more members. The panel will have a chairperson who will be responsible to the panel for the dialogue with the institution and the Danish Accreditation Institution.

**The Danish Accreditation
Institution**

The Danish Accreditation Institution will appoint the members of the panel in such a way as to ensure that they collectively cover the areas listed below:

- expertise in quality assurance at institution level,
- expertise in the higher education sector in general,
- knowledge of relevant labour market conditions,
- national as well as international experts,
- student representation.

The Danish Accreditation Institution is the secretariat for panels and draws up accreditation reports.

At the introductory meeting with you, the Danish Accreditation Institution will agree on the language that will be used in connection with accreditation. If you want accreditation to be carried out in English, you will be obliged to provide all of the documentation required in English and the Danish Accreditation Institution will then draw up an accreditation report in English. If the panel is international, there will always be a member who speaks Danish or another Scandinavian language.

The process for setting up the accreditation panel is as follows:

1. The composition of the panel will be discussed with you at a general level for the first time at the introductory meeting, in relation to the need for specific competences on the panel, for instance, and in connection with the issue of language.



2. The Danish Accreditation Institution will set up a panel.
3. The panel's composition will be forwarded to you for a hearing.
4. The Danish Accreditation Institution will set up the final panel.

10.2.6. The panel begins work on accreditation

The Danish Accreditation Institution forwards the description of the institution and the self-evaluation report to the panel together with a timetable for institutional accreditation.

**The Danish Accreditation
Institution**

Before the site visit, the Danish Accreditation Institution will make sure that the panel's members take part in a day of training during which they will learn about the framework for accreditation, the Danish education system and the methods and processes used in connection with accreditation.

The accreditation panel will meet before each site visit to discuss the documentation that has been forwarded.

Documentation

10.2.7 Forwarding the self-evaluation report

You must forward the self-evaluation report to the Danish Accreditation Institution within the deadline established in the plan for institutional accreditation. The self-evaluation report will then be sent to the accreditation panel and will be published on the Danish Accreditation Institution's website www.akkr.dk.

10.2.8. Two site visits to the institution

Two site visits will be paid to institutions with the exception of very small institutions with few programmes, where one visit should cover needs.

There will typically be a shorter *first* site visit and a slightly longer *second* site visit. In addition to the written information, the accreditation panel will also need the information obtained at meetings



with the management, students, teachers and external stakeholders during the panel's site visits.

10.2.9. First site visit

The purpose of the first, introductory meeting is to provide the panel members with insight into the institution's overall quality assurance policies and systems (focus on criteria I-II) and to find a basis for selecting the audit trails that will be the object of the second site visit. The first site visit will include meetings with the institution's top management, including the chairperson of the board of governors, representatives for other management levels, teachers, students, representatives of the potential employers' panels and possibly also administrative personnel. The panel makes a decision about the audit trails that will be used to illustrate the performance of quality assurance in practice in consultation with you. You then choose the documentation that will illustrate the audit trails selected in consultation with the Danish Accreditation Institution. The first site visit will last one or two days depending on the size of the institution.

10.2.10. Second site visit

The purpose of the second site visit is to assess how the performance of quality assurance functions in practice with the help of the audit trails (focus on criteria III-V). The site visit will include meetings with management at various organisational levels, teachers, students and other members of staff if this is relevant. The duration of the second site visit will vary according to the size of the institution, including its geographical distribution and the need for audit trails. The second site visit can be expected to last from two to five days.

Reporting

10.2.11. Writing the accreditation report and forwarding it to the institution

A draft accreditation report will be written on the basis of the self-evaluation report, the key figures, the written documentation for the audit trails and the site visits. The report will contain the panel's assessments of each of the five criteria and an overall recommendation. A positive recommendation will contain the recommendations in the



accreditation panel's report regarding how the institution can improve its quality assurance system.

The report will be sent to the institution for a hearing, after which a final accreditation report will be written and forwarded to the Accreditation Council.

Decision and following up

The Danish Accreditation
Institution

10.2.12. The Accreditation Council makes its decision

The Accreditation Council will make its decision regarding the accreditation of the institution. In connection with a refusal or conditionally positive accreditation, the decision will include the deliberations that it is based on. The decision will then be published.

10.2.13. Meeting on recommendations and an evaluation of the institutional accreditation process

After the council has made its decision, the chairperson of the panel and the Danish Accreditation Institution can arrange a meeting at the institution to discuss the recommendations in the accreditation report and the panel's assessments with the aim of furthering the developmental perspective of accreditation.

10.3. Milestones in the process of institutional accreditation

The individual milestones in a typical institutional accreditation process are described below. The Danish Accreditation Institution will establish a timetable for the individual accreditation.

Milestones in the process
Preparatory phase
1. The Danish Accreditation Institution holds an introductory meeting with the institution.
2. The accreditation panel is set up and the plan for its composition is sent to the institution for a hearing. Training the accreditation panel.



3. The Danish Accreditation Institution prepares a description of the institution.
Documentation
4. The institution begins work on the self-evaluation report and forwards it to the Danish Accreditation Institution.
5. The accreditation panel meets and discusses the written documentation.
6. First site visit of the panel to the institution with focus on the overall system.
7. Second site visit of the panel with the focus on audit trails. The second site visit can be expected to take place approximately eight weeks after the first.
Reporting
8. The Danish Accreditation Institution forwards the draft accreditation report to the institution for a hearing.
9. The Danish Accreditation Institution forwards the accreditation report to the Accreditation Council.
Decision and following up
10. The Accreditation Council makes its decision.
11. Opportunity for a meeting on recommendations.

The deadline for forwarding the self-evaluation report will be included in the plan for institutional accreditation established by the Minister for Children and Education on the recommendation of the Accreditation Council. The council recommends the plan after the notification of interest on the part of the institutions.

It can be expected that the introductory meeting between the institution and the Danish Accreditation Institution will take place some months before the self-evaluation report must be forwarded. The first site visit of the panel will take place about a month after the self-evaluation report has been forwarded and the second meeting will take place about two months after the first. The Accreditation Council can be expected to make its decision about six months after the second site visit. In general it can be expected that about nine months will elapse from the date the self-evaluation report is forwarded until the decision is made.