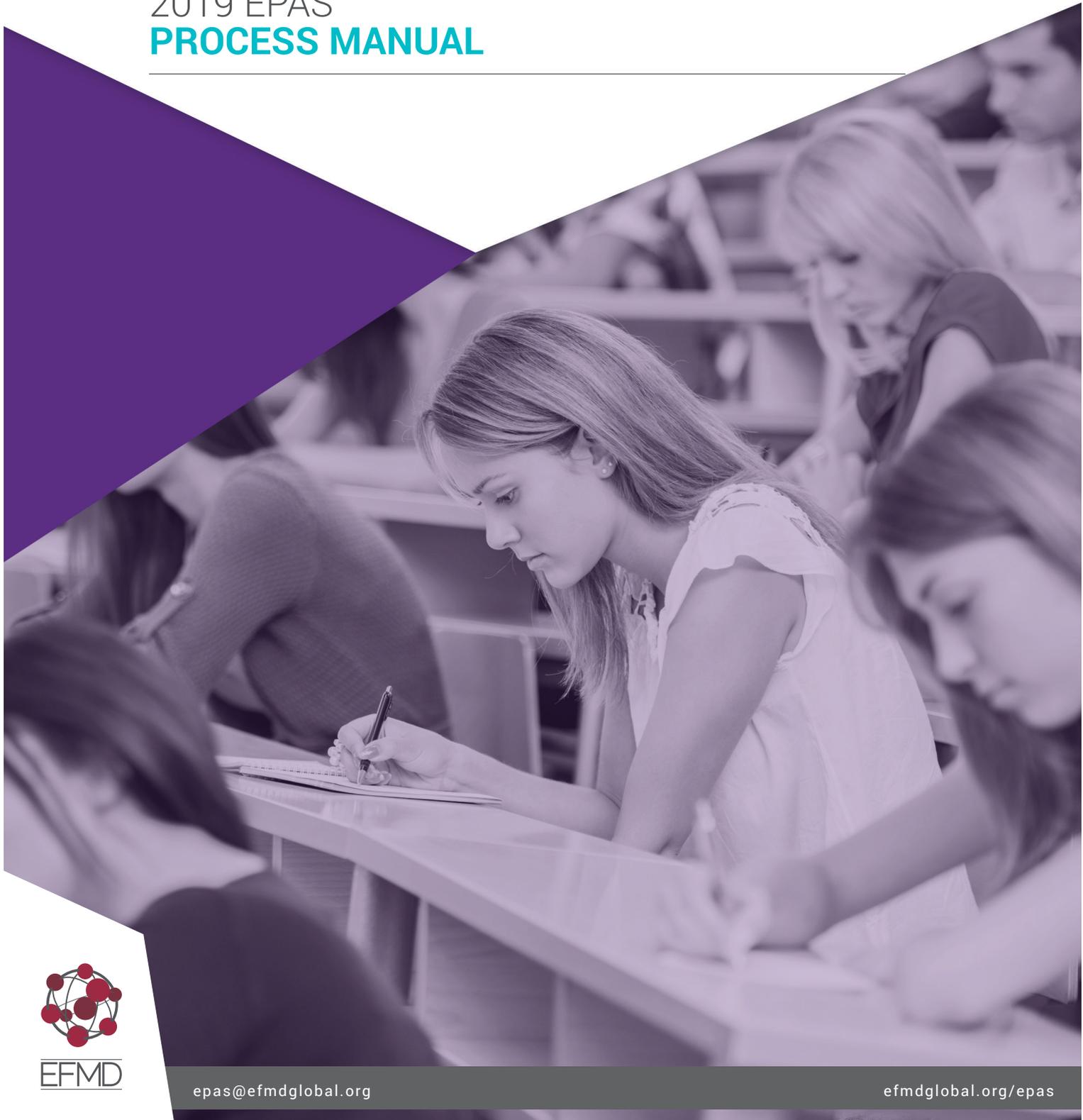




EFMD Programme Accreditation System

The EFMD Accreditation for International Degree Programmes in Business and Management

2019 EPAS **PROCESS MANUAL**





EFMD PROGRAMME ACCREDITATION SYSTEM



EPAS PROCESS MANUAL

Document Version 2019¹

We will ensure the confidentiality of data provided to EFMD and processed in the framework of the EPAS accreditation system. In comparative benchmarking tools, the School's data is only reported in aggregate, such that no individual school's data is identifiable.

Learn more about our privacy policy at <https://efmdglobal.org/privacy-policy/>.

¹ The EPAS documents are revised periodically and it is the responsibility of the Institution to always use the latest version of the documents. Older versions of the EPAS documents are only an acceptable reference with the prior approval from the EPAS Office. The EPAS documents are updated annually at the beginning of each calendar year.

LIST OF ACRONYMS

AB	EPAS Accreditation Board
ARI	Area(s) of Required Improvement
BSc	Bachelor of Science
CEF	Criteria Evaluation Form
DBA	Doctor of Business Administration
DS	Datasheet
EDAF	EFMD Deans across Frontiers
EPAS	EFMD Programme Accreditation System
EPAS-C	EPAS Committee
EQUIS	EFMD Quality Improvement System
ERS	Ethics, Responsibility and Sustainability
FT	Full-time
HE	Higher Education
ILOs	Intended Learning Outcomes
MBA	Master of Business Administration
MRC	Membership Review Committee
MSc	Master of Science
OL	Online Learning
PhD/DPhil	Doctor of Philosophy
PRR	Peer Review Report
PRT	Peer Review Team
PRV	Peer Review Visit
PT	Part-time
QA	Quality Assurance
QP	Quality Profile
QS	Quality Services
SAR	Self-Assessment Report
SR	Student Report
TEL	Technology Enhanced Learning

CONTENTS	Page
Section 1: Introduction to EPAS	5
1.1. EPAS – EFMD Programme Accreditation System	5
1.2. Benefits of the EPAS Accreditation Process	6
1.3. Scope of EPAS Accreditation	7
1.3.1. Programme Scope	7
1.3.2. Differentiation from other EFMD quality improvement systems	7
Section 2: Management of EPAS	9
2.1. The EFMD Board	9
2.2. The EPAS Office at EFMD	9
2.3. The EPAS Committee	10
2.4. The EPAS Accreditation Board	10
2.5. EPAS Peer Review Teams	10
2.6. EPAS Advisors	11
2.7 Confidentiality and Conflict of Interest	12
Section 3: The EPAS Accreditation Process	13
Stage 0: Enquiry	14
Stage 1: Formal Application for Entry into the EPAS Process	15
Stage 2: Pre-Eligibility with Advisory Service (in the case of initial applicants) 16	16
Stage 3: Application for EPAS Eligibility	16
Stage 4: Eligibility	16
Stage 5: Self-Assessment (in the case of initial applicants, with Advisory Service) 18	18
Stage 6: Peer Review Visit	19
Stage 7: Accreditation	21
Stage 8: Continuous Improvement following Accreditation	22
Stage 9: Re-Accreditation	24
Section 4: Eligibility Guidelines	27
4.1. EPAS Eligibility Criteria	27
4.2. General Guidance	29
4.3. Specific Cases	29
Section 5: Guidance for Self-Assessment	31
5.1. The Purpose of Self-Assessment	31
5.2. The Self-Assessment Process	31
5.2.1. Responsibilities	31
5.2.2. Communication	31
5.2.3. Methodology and Planning	32
5.2.4. Structuring the Report	33
5.3. The Self-Assessment Report	33
5.3.1. Main Report	33
5.3.2. Annexes and Supporting Documents	34
5.3.3. Student Report	35
5.3.4. Updated Datasheet	35
5.3.5. Distribution of the Self-Assessment Report	35

Section 6: Guidance for Peer Review 36

6.1. Introduction 36

6.1.1. Composition of the Peer Review Team 36

6.1.2. Objectives of the Peer Review within the EPAS Process 37

6.2. Preparation for the Visit 38

6.2.1. Reading Materials for the Peer Reviewers 38

6.2.2. Study of the Self-Assessment Report by the Peer Reviewers 38

6.2.3. General Logistics 39

6.2.4. The Base Room 40

6.3. Setting up the Schedule 41

6.3.1. General Structure of the Visit 41

6.3.2. Detailed Visit Schedule 41

6.4. The Peer Review Visit 42

6.4.1. Preparation for Interviews 42

6.4.2. Focus of Individual Meetings during the Visit 43

6.4.3. Assessing the Learning Materials 46

6.4.4. Periodic Debriefing 47

6.5. Assessment and Feedback during the Visit 47

6.5.1. Individual Assessment and Consolidation of Findings 47

6.5.2. Peer Review Decision Making and Feedback to the Institution 49

6.6. Peer Review Report 51

6.6.1. Formulating the Report 51

6.6.2. Procedure for the Peer Review Report 51

6.7. Roles and Responsibilities 54

6.7.1. Responsibilities of the EPAS Office 54

6.7.2. Responsibilities of the EPAS Project Leader within the Institution 54

6.7.3. Responsibilities of the Individual Peer Review Team Members 55

6.7.4. Additional Responsibilities of the Chair of the Peer Review Team 56

6.7.5. Role of Reviewers from the World of Practice 56

6.7.6. Role of Local Reviewers 57

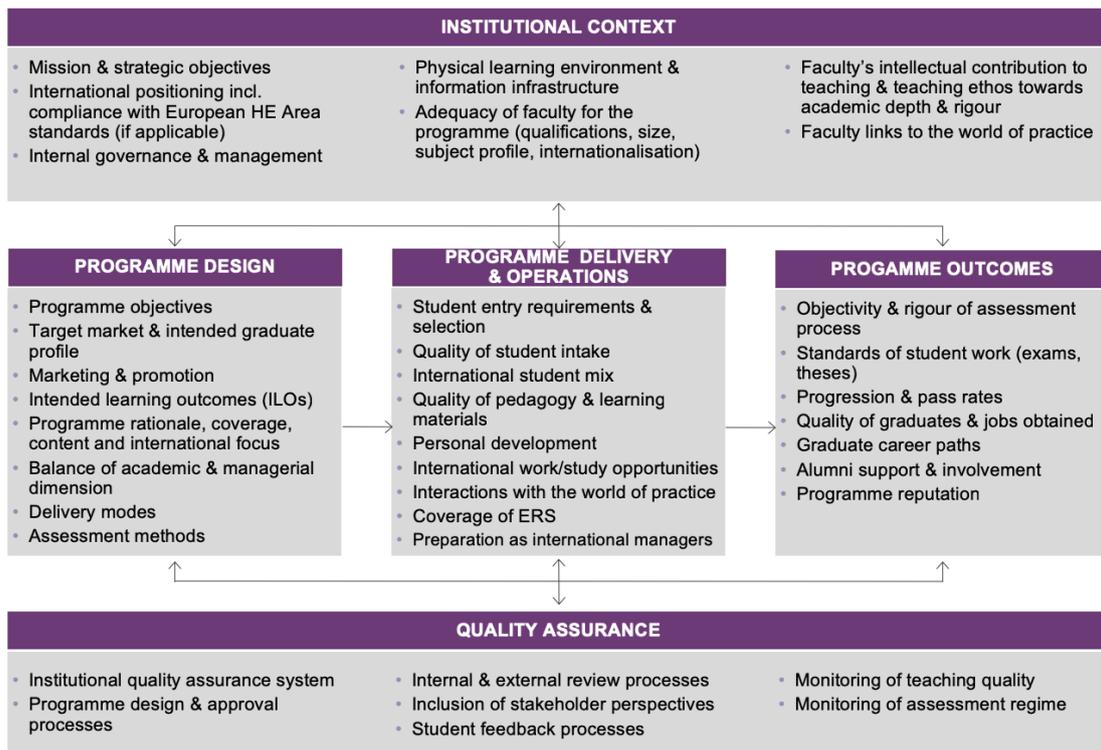
Section 1: Introduction to EPAS

1.1. EPAS – EFMD Programme Accreditation System

EPAS is an international programme accreditation system operated by EFMD. It aims to evaluate the quality of any business and/or management degree programme that has an international perspective and, where of an appropriately high quality, to accredit it.

The process involves a review in depth of individual programmes through international comparison and benchmarking. The process considers a wide range of programme aspects as shown in the EPAS Programme Accreditation Framework.

Fig. 1: EPAS Programme Accreditation Framework



These aspects include:

- The market positioning of the programme nationally and internationally
- The strategic position of the programme within its Institution
- The Institution's resources allocated to support the programme
- The appropriateness of the faculty that deliver the programme
- The design process including assessment of stakeholder requirements – particularly students and employers
- The programme objectives and intended learning outcomes
- The curriculum content
- The extent to which the programme has an international focus
- The extent to which the programme leverages its links with the world of practice
- The balance between academic rigour and managerial dimensions
- The extent to which the programme promotes the principles of responsible management
- The delivery system including the quality of teaching
- The depth and rigour of the assessment processes (relative to the degree level of the programme)
- The quality of the student body and of the programme's graduates
- The quality of the alumni and their career progression
- The existence of robust quality assurance processes

The Peer Review Report (PRR) includes the provision of strategic advice on how the programme may be improved so as to compete more effectively in international markets.

1.2. Benefits of the EPAS Accreditation Process

- International market recognition of a high quality programme
- International benchmarking and comparison
- A process of reflection by the programme team on the key attributes of the programme according to a defined framework
- Strategic development process for quality improvement of the programme through:
 - Preparation of a Self-Assessment Report (SAR) on the programme which ensures a thorough internal review of the programme and its resourcing
 - Visit by a Peer Review Team (PRT) to evaluate both the Self-Assessment Report and the reality of the programme strategy and its operations
 - Preparation of a Peer Review Report, which is both a formal evaluation of the programme and advice on how it may be improved. The Peer Review Report also includes a recommendation on Accreditation.
 - Once accredited, there is a process for ensuring continuous improvement by setting and achieving development objectives.

1.3. Scope of EPAS Accreditation

1.3.1. Programme Scope

EPAS may be applied to any programme or set of closely related programmes (see definition below) in the field of business and management in any of the following categories:

- A. Bachelor's degrees or Licence (3 or 4 years)
- B. Master's degrees (1 or 2 years, often based on the Bologna model)
 - a. Generalist (e.g. MSc in Management)
 - b. Specialist (e.g. MSc in Marketing or in Finance)
- C. Master's degrees pre-Bologna (5 or more years) – e.g. French Grande Ecole ESC programmes
- D. Master of Business Administration – MBA (post-experience)
- E. Doctorates (e.g. PhD or DBA) – See [Annex 12](#)

EPAS accredits only degree programmes in the broad field of business and management. These programmes may have other components as well, but the core content (normally at least 50%) must be related to business and/or management.

It will normally be beneficial for an Institution to submit sets of closely related programmes to be assessed at one time. A programme set may be defined as a suite/group of related programmes with a common structure (normally a core of at least 40% of the taught courses that are taken by all students, i.e. excluding projects and theses). Electives that may be common across the programme set but are not taken by all students are not accepted as core. A programme set could be for example a suite of Bachelors programmes with a common structure and core but allowing study of major subjects which may lead to different naming of degrees (e.g. BSc in Marketing or in Finance) **or** a suite of Masters degrees with a common structure and core but in different subject areas.

Programmes run by a consortium of 2 or more institutions may also be offered up for assessment. In these cases, the EPAS assessment process and fees are tailored to the programme under review. The process is described in [Annex 15](#) (Policy on Collaborative Provision and Joint Programmes). Franchised or off-campus delivery of programmes is also covered in this Annex.

A maximum of 2 programmes or programme sets may be assessed in any one review cycle.

1.3.2. Differentiation from other EFMD quality improvement systems

At the present time, EPAS is the only international programme accreditation system able to assess individual programmes in the full range from Bachelors to Doctoral degrees (including Masters and MBAs) in the business and management education field.

The specific focus of EPAS on internationalisation means that it would be unlikely that an Institution would seek EPAS accreditation for all of its programmes. It is more likely that an Institution chooses a few programmes from its portfolio which are aimed at the

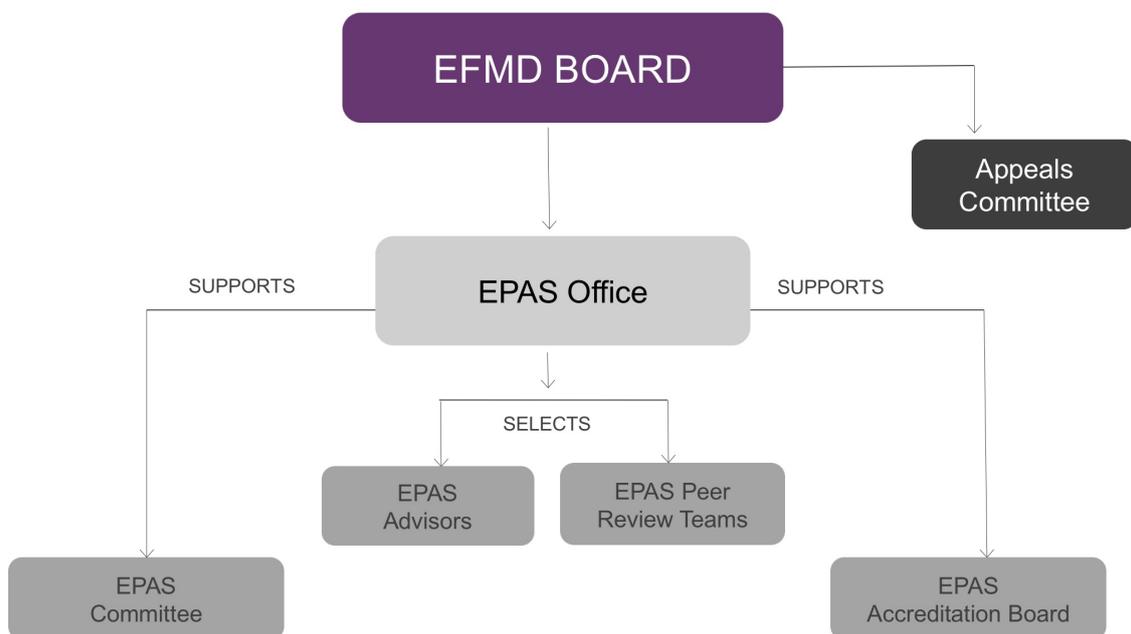
international, rather than national, marketplace and which it wishes to profile internationally.

The development of EPAS was strongly influenced by the well-established and leading institutional accreditation system EQUIS, which is also run by EFMD. The two accreditation systems are currently separate and cannot be considered as being comparable to one another. EPAS only reviews aspects of an Institution's other operations to the extent that they affect the quality of the programme under review while EQUIS provides a comprehensive review of all of an Institution's operations. Both systems are part of a portfolio, along with EFMD GN Deans across Frontiers (EDAF) and the EFMD Online Course Certification System (EOCCS). All four systems follow a common evaluation process and share the EFMD focus on improving internationalisation and links with the world of practice within business and management education worldwide.

Section 2: Management of EPAS

EPAS is operated by the Quality Services Department of EFMD with the strategic support of the **EPAS Committee**. The granting of EPAS Accreditation is made by the **EPAS Accreditation Board** based on the recommendations of the Peer Review Teams. Members of both the EPAS Committee and the EPAS Accreditation Board are appointed by the Board of EFMD.

Fig. 2: Management of EPAS



2.1. The EFMD Board

The EFMD Board approves EPAS policy, standards and procedures based on the proposals submitted by the EPAS Office after consultation with the EPAS Committee. It appoints the members of the Accreditation Board and the Committee (see the EFMD website for current membership). There is an annual call for nominations to select members of these two bodies.

The EFMD Board is also responsible for handling appeals made against eligibility or accreditation decisions through an established Appeals procedure (see [Annex 20](#)).

2.2. The EPAS Office at EFMD

The EPAS Office is part of EFMD Quality Services. It manages the EPAS process and provides the administrative services for the system. It is also charged with developing and implementing appropriate quality assurance (QA) procedures.

2.3. The EPAS Committee

The EPAS Committee, composed of academic and representatives from the world of practice, advises the EPAS Office on the strategic development of EPAS. All major decisions concerning policy, standards and procedures are submitted to the EPAS Committee for consultation. The EPAS Committee approves the Eligibility of programmes that are being put forward for EPAS accreditation. Any questions concerning continuing Eligibility are to be resolved by the EPAS Committee.

The EPAS Committee normally meets three times a year at the request of the EPAS Director, who chairs the meetings. A detailed description of the Role and Functioning of the EPAS Committee and a current Members' list can be consulted on the EFMD website.

2.4. The EPAS Accreditation Board

The EPAS Accreditation Board is composed of representatives of high profile organisations that are stakeholders in the quality improvement of management education. It evaluates the Peer Review Reports on programmes that are being put forward for EPAS (re-)accreditation and, based on the recommendations in the reports, makes the final decision to confer EPAS accreditation upon those business and management programmes that have demonstrated excellence at an international level.

The EPAS Accreditation Board normally meets three times a year at the request of the EPAS Office. A detailed description of the Role and Functioning of the EPAS Accreditation Board and a current Members' list can be consulted on the EFMD website.

2.5. EPAS Peer Review Teams

Each Peer Review Team (PRT) is composed of four members with experience in the organisation and delivery of business and management programmes. They normally come from 4 different countries. Each team includes:

- The Chair of the Peer Review Team: an academic (Dean or equivalent) normally from a different country than the Institution being assessed
- 2 academic representatives (Dean, Associate Dean or Programme Director)
- 1 representative of the world of practice or member of a professional association.

In each team, there should be one academic reviewer who is familiar with the local educational environment (especially for initial peer review visits) and at least one who has specialist knowledge of the specific subject matter of the programme being assessed. The composition of the Peer Review Team is covered in more detail in Section 6 of this Manual.

The Peer Reviewers will assess the programme on the basis of information provided by the Institution in a Self-Assessment Report and in the interviews during their visit to the Institution. The Peer Reviewers will provide their assessment in a Peer Review Report including a recommendation for accreditation to the EPAS Accreditation Board.

All potential Peer Reviewers will be asked to confirm that there is no conflict of interest with the Institution concerned (please refer to **Annex 18**). The Institution concerned

should inform the EPAS Office when it is aware of any conflict of interest for any of the proposed Peer Review Team members.

2.6. EPAS Advisors

Institutions seeking initial EPAS accreditation for one or two of their programmes receive guidance and support from EPAS Advisors. Institutions are sometimes uncertain when it comes to evaluating their readiness to enter the accreditation process or to proceed to the next stage; they also may require assistance to interpret and meet the demanding EPAS Standards and Criteria. As a consequence, they may encounter difficulties during the accreditation process, which can be mitigated with more explicit guidance. The Advisory Service is designed to respond to these needs. Advisors act as enablers so that Institutions can manage the accreditation process more effectively, produce accreditation documents with greater clarity and address development shortfalls in need of being remedied prior to proceeding with the accreditation process.

The Advisory Service is an integral part of the accreditation process and administered by the EPAS Office within EFMD Quality Services. Advisors are drawn from a pool of experts comprised of chairs and experienced members of Peer Review Teams as well as members of accreditation bodies. Advisors volunteer their time as a service to the EPAS community.

From the perspective of providing the EPAS Advisory Service, the accreditation process is structured into **Pre-Eligibility Advisory** and **Pre-Review Advisory**.

EPAS Advisors will normally support the Institution during both stages. It is however possible that the Institution or the Advisor may wish to change after completing the first stage, in which case the EPAS Office will assign a different Advisor in the second stage.

The estimated time commitment of EPAS Advisors will be up to an equivalent of 2-3 days of work in the Pre-Eligibility stage and up to an equivalent of 4-5 days of work in the Pre-Review stage. It is planned that the support will primarily be provided remotely (via email, telephone, Skype, etc.). Should a visit be considered useful, the Institution will be responsible for all travel and subsistence costs (see section 6.2.3 for EPAS travel guidelines).

In each stage, the Advisor's role consists of:

- Scoping the advisory needs of the Institution in terms of understanding the accreditation standards and the developmental requirements to manage that stage of the process successfully.
- Providing input on the basis of an on-going interaction with the Institution's executive and accreditation teams as well as its wider community (including on-site visits if necessary).
- Submitting a Pre-Eligibility Assessment Evaluation at the end of the Pre-Eligibility stage and a Pre-Review Assessment Evaluation at the end of the Pre-Review stage.

The Advisory Service is managed by the EPAS Office. This includes the matching of advisory needs and the Advisor's experience, the interaction between applicant Institution and Advisor, and final reporting.

2.7 Confidentiality and Conflict of Interest

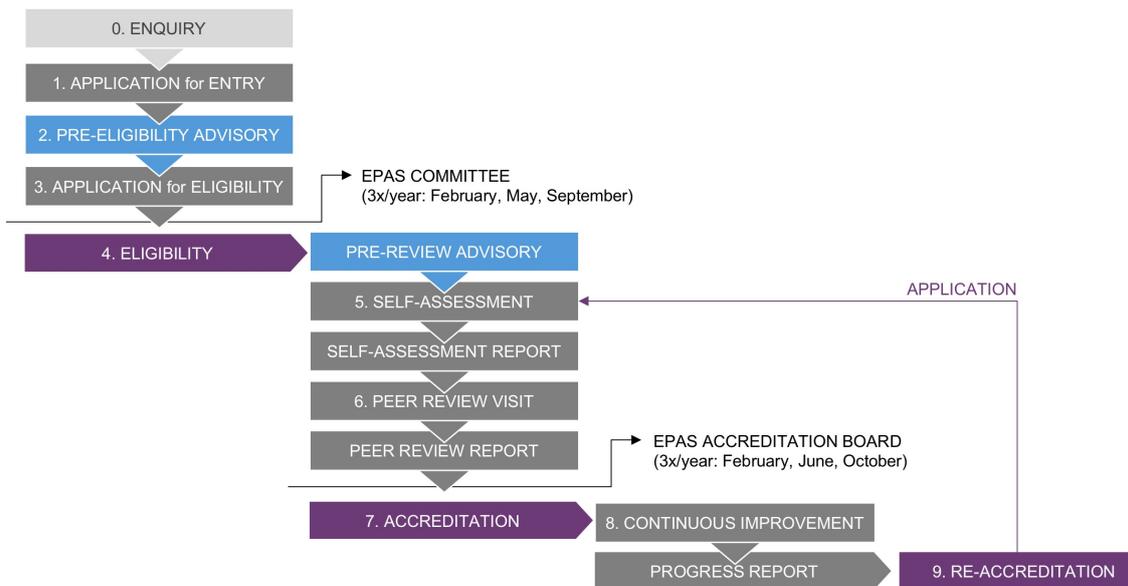
By agreeing to participate in the EPAS process, all individuals involved (members of the EPAS decision-making bodies, Peer Reviewers and Advisors) commit to respect the confidentiality of the information available to them and to declare any potential conflict of interest in accordance (see **Annexes 17 and 18**). The Institution should inform the EPAS Office when it is aware of any conflict of interest for any of the proposed Advisors or Peer Reviewers.

The only information in the public domain is the list of EPAS accredited programmes.

Section 3: The EPAS Accreditation Process

The main stages of the EPAS accreditation process are outlined in the diagram below:

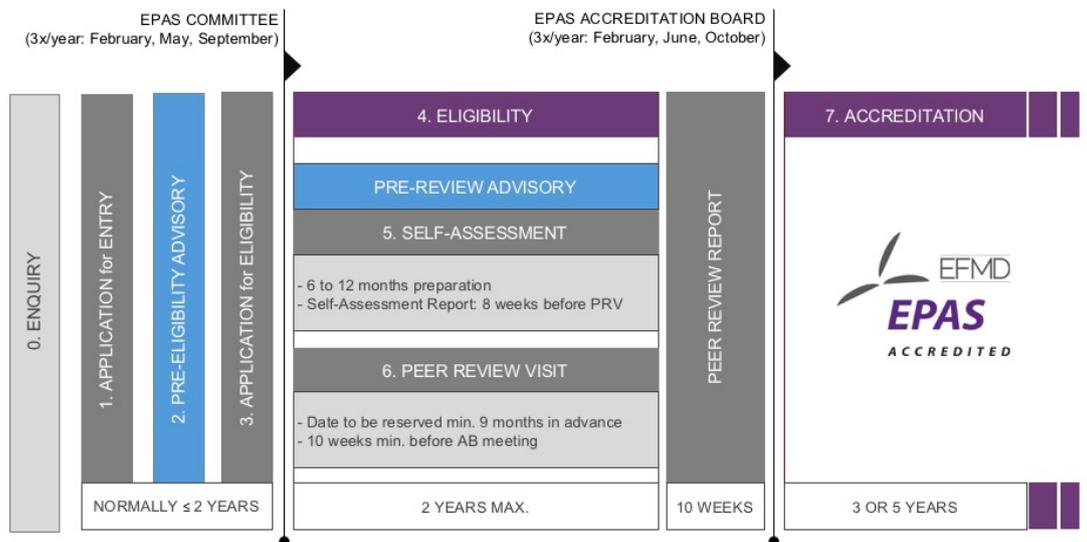
Fig. 3: EPAS Process Flowchart



EPAS is a continuous process combining strategic development, ongoing quality improvement and accreditation. The average duration of the process, from an initial enquiry up to the accreditation decision, is typically 24-30 months.

Key timings for the EPAS process are summarised in Fig. 4 below and are explained in more detail in the following pages.

It should be noted that the Advisory Service, which is mandatory since 2016, is only applicable to initial applications to EPAS. For Institutions that have already one or more programmes accredited by EPAS and Institutions that have previously applied to EPAS, the Advisory Service is optional.

Fig. 4: EPAS Process Schedule

The EPAS accreditation process is composed of several distinct stages:

Stage 0: Enquiry

This is the first direct contact between the Institution and EPAS and precedes the formal application process. It is an informal stage in the process and typically takes place at EFMD events and other conferences where EFMD Quality Services Directors are present, or by email or telephone. It is expected that normally the Institution will already have attended one of the EPAS one-day seminars or information sessions organised by EFMD in various locations around the world at which the EPAS system is explained. The Institution should therefore ensure that it has a basic understanding of EPAS² before meeting one of the QS Directors. This enquiry stage has proved to be extremely important and Institutions are recommended to undertake it before submitting the official application documents.

The EPAS representative can then clarify with the Institution any issues or questions about the EPAS process. The Institution should provide basic information, preferably as a draft Datasheet (see **Annex 2**), to the EPAS representative so that non-binding preliminary advice can be offered to the management of the Institution. Indeed, it is preferable that a draft Datasheet be discussed at this time with the EPAS

² Information on the EPAS process is also available for download on the EFMD website (<https://efmdglobal.org/accreditations/business-schools/epas/>) and consists of the following **core documents**:

1. EPAS Standards & Criteria
2. EPAS Process Manual
3. EPAS Process Manual Annexes
4. Guidelines and Position Papers: Supporting Material for the EQUIS and EPAS Accreditation Systems.

representative. This is highly recommended (if not essential) as possible difficulties can be identified at a very early stage.

If fundamental issues are identified by the EPAS representative, the Institution will be informed about the reasons and advised on possible courses of action. If EPAS is believed to be appropriate, the EPAS representative will encourage the Institution to apply for Entry into the EPAS Process.

Whatever the views offered by the EPAS representative, they will have been offered simply as advice. The Institution can still proceed and the advice offered to the Institution at this stage will not be part of the information on which subsequent decisions will be based.

Stage 1: Formal Application for Entry into the EPAS Process

In order to formally enter the EPAS process, the applicant Institution must be an EFMD member in good standing and remain a member during any period of accreditation. Accreditation remains valid only while the Institution is a member of EFMD. The Institution may start the formal EFMD membership and EPAS application processes at the same time. However, the EPAS Committee will only be able to decide upon eligibility once the EFMD Membership Review Committee has approved membership.

An Institution that wishes to enter the EPAS accreditation process sends an Application Form (see [Annex 1](#)) to the EPAS Office along with a (revised) Datasheet (see [Annex 2](#)).

A Datasheet contains basic factual information about the Institution's programme portfolio, activities and organisation as well as specific information about the programme(s) being offered for assessment. This allows a preliminary assessment of the quality of the programme(s) against the EPAS criteria. A copy of the Datasheet should be provided to the EPAS Office in Word format to allow for directly annotated feedback. Non-EFMD members must apply in parallel for membership before requesting feedback on the Datasheet.

The Datasheet should be completed in a clear and concise manner and may only have a maximum of 15 pages in length for one programme or 18 pages for two programmes. No annexes or brochures will be accepted. The EPAS Office can provide advice as required on completing the Datasheet.

In applying the Institution is assumed to be familiar with the documents included in the standard EPAS introductory package. In particular, it is deemed to be familiar with the EPAS Standards & Criteria, the EPAS Process (as described in this Manual), the EPAS Process Manual Annexes and the EPAS Fee Schedule.

Upon receipt of the Application Form the Institution will be invoiced for the Application Fee of the accreditation process. The EPAS Committee (see Stage 4) will only consider the application once the payment has been received.

Stage 2: Pre-Eligibility with Advisory Service (in the case of initial applicants)³

The EPAS Office evaluates the advisory needs of the Institution on the basis of the revised Datasheet and a discussion with the Institution's accreditation project leader. The EPAS Office subsequently assigns an Advisor who supports the Institution during this stage leading up to the application for Eligibility (Stage 3).

The main focus at this stage is to address any developmental needs identified by the EPAS Office and to produce a final Datasheet, which represents the Institution comprehensively and with sufficient clarity.

The pre-eligibility period will normally conclude with the joint resolution of the Institution and the Advisor that the Datasheet is satisfactory and that the remainder of the accreditation process can be completed within the 2-year Eligibility period. The pre-eligibility period is not open-ended, so normally Schools are expected to submit their Application for EPAS Eligibility within 2 years from the formal Application for Entry into the EPAS process.

Stage 3: Application for EPAS Eligibility

The Institution applies for Eligibility by submitting the final Datasheet to the EPAS Office at the latest 4 weeks in advance of the target EPAS Committee meeting.

The Advisor submits at the same time a ***Pre-Eligibility Assessment Evaluation*** of the applicant programme(s). This short report includes a recommendation for eligibility and sets out the Programme's principal strengths and risks from an EPAS perspective. This report will also be shared with the Institution.

Upon receipt, the final Datasheet will be presented to the EPAS Committee for the Eligibility decision. It is therefore important that the Institution takes due note of the detailed feedback from both the EPAS Office and the Advisor before submitting the final version of the Datasheet in Word and PDF formats.

This formal application must be received before the deadline for the target EPAS Committee meeting (applicant Institutions are notified about the dates by the EPAS Office). Missing this date will cause submission of the application to the Committee to be delayed until the following meeting.

The eligibility decision to be made by the EPAS Committee will be based on the data provided in the Datasheet and the Advisor's Pre-Eligibility Assessment Evaluation. No other material will be submitted to the Committee.

Stage 4: Eligibility

The Eligibility Decision

The EPAS Committee normally meets 3 times a year, approximately every 4 months, to make Eligibility decisions. An Institution can usually expect to be presented to this Committee for Eligibility at the next available date if its Datasheet and the Advisor's

³ This stage is applicable only to Institutions at the initial accreditation cycle, i.e. going through the EPAS process for the first time.

Pre-Eligibility Assessment Evaluation are received and approved by the EPAS Office not less than 2 weeks in advance of this date.

The EPAS Committee will base the Eligibility decision on its understanding of the information supplied in the Datasheet. The Committee will also take the Advisor's Pre-Eligibility Assessment Evaluation into account, but will not be bound by it in making its final decision. The assessment of Eligibility will be based on the judgement by the EPAS Committee of the extent to which the Eligibility criteria (see Section 4 of this Manual) are complied with. The onus is on the Institution to make a convincing case that the programme satisfies the Eligibility criteria. The decision will be one of:

- a) Eligible with no reservations
- b) Eligible but with specified reservations
- c) Not eligible for reasons to be given

When an Institution puts forward more than one programme in a single application, the programmes will be assessed separately against the EPAS Eligibility criteria and will receive individual Eligibility decisions, whereas a suite of programmes will be assessed as a group and will receive one Eligibility decision.

A favourable Eligibility decision is not to be interpreted as a formal prediction of future success at the end of the accreditation process. In particular, if the EPAS Committee has expressed reservations, then the Institution should aim for tangible developmental progress in the respective areas before hosting the Peer Review Team.

The outcome of the Eligibility decision will be reported to the Institution in writing within 1 week of the EPAS Committee meeting. The Advisor who supported the School in the pre-eligibility period will also be informed about the Eligibility decision.

The Institution can present an Appeal against the decision on Eligibility according to the established Appeals procedure (for details, see [Annex 20](#)).

EPAS requires that the Eligibility criteria be maintained throughout the accreditation process. If at some point these criteria are no longer met, the Institution is obliged to inform without delay the EPAS Office that will then review the case and, if necessary, consult the EPAS Committee.

If the applicant programme is declared eligible, the Institution will be invoiced for the Eligibility Fee of the accreditation process. This fee is only charged to institutions in the initial accreditation cycle, not to those starting a re-accreditation cycle.

After the Eligibility Decision

Being declared Eligible signifies that the Institution's application to enter the EPAS process has been formally accepted and that the EPAS Office will work with the Institution towards the twin objectives of quality improvement and future accreditation. The Institution can therefore advance to Stage 5 of the EPAS process: Self-Assessment.

An Institution that receives a positive Eligibility decision is expected to communicate its plans for the rest of the EPAS process within the next 2 months. This is usually done in the form of a letter or e-mail from the Dean to the EPAS Office indicating the time period in which the Institution is aiming to host the Peer Review Visit. Eligibility is valid for a maximum period of 2 years, within which the Peer Review Visit must take place, and it expires once a programme is presented to the EPAS Accreditation Board

for the Accreditation decision. If Eligibility has lapsed, a new application must be made in order to proceed.

Programmes declared Not Eligible cannot be reconsidered for Eligibility by the EPAS Committee within 2 years of the initial decision. This is considered to be the minimum time an Institution will need to make the necessary improvements to achieve Eligibility.

Institutions re-entering the EPAS process at **Stage 1** within 2 to 5 years from a negative eligibility decision or after eligibility has expired, should provide a Progress Report, in addition to the other application documents (Application Form and Datasheet). The report should convincingly show how the Institution has overcome the weaknesses outlined in the EPAS Committee letter and indicate the progress made in those areas. In such cases the Application Fee will be waived. If more than 5 years have elapsed, a re-application will be treated as an initial application and the Application Fee is due. In either case the fee schedule applicable will be that of the year of the new application.

Stage 5: Self-Assessment (in the case of initial applicants, with Advisory Service)

After an Institution is declared Eligible, it should carry out an extensive self-evaluation leading to a Self-Assessment Report (SAR). The Report should cover the 5 chapters of the **EPAS Standards & Criteria** document in accordance with the Guidance for Self-Assessment in Section 5 of this Manual.

The process of Self-Assessment is expected to take at least between 6 and 12 months. Institutions seeking initial EPAS accreditation are assigned an Advisor, normally the same person who has assisted them in the pre-eligibility stage. However, it is possible to ask for a different Advisor to be assigned.

The Advisor helps the Institution to address the Eligibility Reservations and provides also more general developmental support. The Advisor further assists the Institution in creating a coherent, self-critical and convincing narrative that sets out how the Institution meets the EPAS Standards and Criteria. In order for the Peer Review Visit to take place, the EPAS Office must independently receive, at least two months in advance of the Peer Review Visit, the Advisor's **Pre-Review Assessment Evaluation**, which will be shared with the Peer Review Team and the Institution. This short report evaluates the developmental progress during the eligibility period as well as the remaining problem areas.

EFMD recommends that as soon as possible the Institution should appoint a Project Leader to manage the self-assessment process and draft the report.

It is important to note that, should a Self-Assessment Report be considered inadequate as a preparation for the Peer Review or if it is delivered too late, the EPAS Office may decide to postpone the visit. In this situation, any additional costs incurred (e.g. rescheduling of Peer Reviewer flights) will be at the expense of the Institution.

The SAR forms the basis for discussion by the Peer Review Team with the Institution. It must be submitted by email in PDF format to the EPAS Office for initial review, together with the updated Datasheet and Student Report, **not less than eight (8) weeks** before the date set for the Peer Review Visit. Following initial confirmation by the EPAS Office, the Institution should send the three documents (SAR including annexes, Datasheet and Student Report) to the reviewers, **six (6) weeks** prior to the visit.

The SAR should be maximum 100 pages in length (including annexes and regardless of the number of programmes for review) and be printed double-sided in **font size not smaller than Arial 10 or equivalent**. The final report, together with annexes, the Student Report (see [Annex 8](#)) and an updated Datasheet, should be sent by the Institution to each of the four Peer Reviewers in hard copy (printed double-sided) and in electronic copy (on USB memory stick, not via e-mail). The hard copies of the three documents should be A4 or US letter size and may be bound in different ways (e.g. wire, spiral or comb bound), but should not be placed in ring binders. The electronic copies should be in PDF format. The postal addresses of the Peer Reviewers will be provided by the EPAS Office. The documents should also be sent to the EPAS Office **in electronic copy only**.

Stage 6: Peer Review Visit

A team of Peer Reviewers will visit the Institution to make an assessment of the applicant programme's standing against the EPAS standards and to draw up recommendations for future development.

As soon as the Institution is clear about the time it will require to produce the Self-Assessment Report, it should ask the EPAS Office to schedule the Peer Review Visit. The date of the visit should be determined at least 9 months in advance, ideally soon after the Eligibility decision. The Institution should consult the Advisor with respect to the time required to produce the SAR. In estimating the date for the visit, the Institution must take into account that the Self-Assessment Report should reach the EPAS Office for initial review eight (8) weeks before the start of the visit. The Institution must also make sure that all its internal approval procedures and requirements are met before proposing a date. The visit should take place at a time when courses from the applicant programme(s) are taking place within the Institution.

The date of the Peer Review Visit will be agreed between the Institution and the EPAS Office, since often it must take into account the availability of the potential members of the Peer Review Team. Rescheduling is only permitted for unforeseeable and major causes and it will most likely produce a considerable delay in the accreditation process. The Institution will have to cover all expenses incurred by the reviewers (e.g. flight tickets) up to the time of cancellation or postponement of the visit. In addition, the Institution will be charged an EFMD administration fee (see [Annex 3: EPAS Fee Schedule](#)).

The EPAS Office may cancel or postpone the Peer Review Visit

- *if the Self-Assessment Report, Datasheet and Student Report are inconsistent, have significant problem areas or are submitted with major delay; or*
- *if it is evident that the programme(s) do not meet the eligibility criteria as set out in the EPAS Process core documents; or*
- *if the visit is not conducted in an orderly manner even if the Peer Review Team (PRT) is already on site, with the explicit agreement between the EPAS Office, the Chairperson and another member of the PRT.*

The Institution will have to cover any non-refundable costs incurred by the reviewers (e.g. flight tickets) up to the time of cancellation or postponement of the visit. Additionally, the Institution will be charged an EFMD administration fee (see [Annex 3: EPAS Fee Schedule](#)).

Eight (8) weeks before the Peer Review Visit, the Institution should send the EPAS Office a proposal for the schedule of the visit (as a Word document) prepared in accordance with the models provided in **Annex 9**. This schedule will be reviewed by the EPAS Office and changes to it may be proposed. In the case of consortia-run programmes, a tailored schedule will be proposed by the EPAS Office. A template for the visit will be sent to the Institution by the EPAS Office well in advance of the visit.

The EPAS Office will send the final visit schedule to the Peer Review Team once it has been approved. In addition, the EPAS Office will send to the Peer Reviewers a hard copy of relevant EPAS documents for the visit as well as the Advisor's Pre-Review Assessment Evaluation.

The composition of the Peer Review Team is proposed by the EPAS Office and agreed by the applicant Institution. See Section 2.5 of this Manual for the composition of the Peer Review Team.

The Peer Review Visit lasts from 1.5 to 2.5 days depending on the number and complexity of programmes submitted. During the visit, Peer Reviewers will meet a wide variety of people representing the different activities and interests of the Institution relevant to the programme(s) under review. In cases where an Institution has activities or grants degrees in different locations, either alone or in collaboration with partner institutions, please refer to **Annex 15** of the EPAS Process Manual for further details. A visit to another School campus may be added upon the request of the EPAS Committee or the discretion of the EPAS Office.

At the end of the visit, the Chair presents to the management of the Institution the Peer Review Team's preliminary conclusions and recommendations for quality improvement during an oral feedback session. This does not include the recommendation on accreditation and it is not appropriate at this point to engage in a discussion of the oral feedback.

The Chair then drafts the Peer Review Report and sends it to the other reviewers for suggestions and amendments. This normally takes about six weeks. The Peer Review Report sets out the Team's final assessment of the programme(s) against the EPAS quality criteria together with its recommendation regarding accreditation. This recommendation can be for 5-year accreditation, 3-year accreditation or denial of accreditation. The report will also give advice for potential improvements to the programme. This report is for the use of the Accreditation Board in making its final decision on accreditation and for the use of the Institution in planning its future development. A template for this report can be seen in Section 6 of this Manual.

The report is drafted by the Chair of the PRT and then sent to the EPAS Office for editing. The final draft report will normally be sent to the Institution within 8 weeks of the Peer Review Visit for comment and confirmation of factual accuracy. Factual errors will then be corrected by the Chair of the Peer Review Team in liaison with the EPAS Office. The Peer Review Team may, at their discretion, take into account some of the Institution's comments concerning the judgements expressed in the report. The final version of the report will be returned to the Institution which will be asked to give formal authorisation to the EPAS Office for the report to be submitted to the EPAS Accreditation Board. The final Peer Review Report is normally presented to the next EPAS Accreditation Board meeting, as long as the Peer Review Visit takes place more than 10 weeks before the Board meeting.

The Peer Review process is described in detail in Section 6 of this Manual.

Stage 7: Accreditation

With the formal agreement of the Institution, the Peer Review Report containing the recommendation of the Peer Review Team is submitted to the Accreditation Board for the final decision on accreditation. In case of no communication from the Institution, the process will be suspended. The Accreditation Board's decision will be based on the findings and recommendation presented within the Peer Review Report and will be communicated (normally by telephone or email) to the Institution within 48 hours of the meeting of the Accreditation Board. The Accreditation Board will only consider the report once all outstanding payments of the Institution towards EFMD Quality Services have been made. The Institution will also receive a letter from the Chair of the Accreditation Board formally communicating the accreditation decision and specifying any Areas of Required Improvement related to that decision. The Advisor who supported the School in the pre-review period (if applicable) will also be informed about the Accreditation decision.

The Institution can present an Appeal against the decision on accreditation according to the established Appeals procedure (for details, see [Annex 20](#)).

The decision will be one of:

- **5-year Accreditation**
Programmes that, in the Accreditation Board's judgement, meet the EPAS quality standards will be awarded EPAS accreditation for a period of five years. This means that these programmes are good in all areas and probably excellent in some of them. However, there is always scope for improvement and evidence of continuing progress will be expected at the next review.
- **3-year Accreditation**
Programmes satisfying all EPAS Standards except in one or two of the quality dimensions that are only partially satisfied are awarded EPAS accreditation for a period of three years. There are two possible situations:
 - a) To maintain accreditation, these programmes must demonstrate tri-annual progress both overall and in these specified dimensions to make credible the achievement of accreditation for 5 years in due course.
 - b) Programmes that satisfy all the Standards except for one that cannot be expected to be fully satisfied due to environmental circumstances. In these cases, the Institution has to demonstrate awareness of this and show significant commitment to strengthen this dimension in the 3-year period. Until the circumstances change, continuing 3-year accreditation is possible.

In either case, the Accreditation Board will specify areas for the improvements expected prior to the next accreditation cycle.

- **Non-Accreditation**
Programmes that, in the Accreditation Board's judgement, are below the EPAS standards of quality in a given set of EPAS criteria will be denied accreditation. In this situation, the Accreditation Board will specify a number of improvements required before re-submission for accreditation.

Where quality is deemed to be below the EPAS standard, both the degree to which it is below and the number of EPAS criteria affected determine whether the programme will receive 3-year accreditation or will simply have its accreditation denied.

Sometimes the Accreditation Board does not follow the recommendation of the Peer Review Team because it may perceive inconsistencies either between the Report and its annexes or inconsistency across the portfolio of Peer Review Reports of other programmes.

A programme that has been denied accreditation (or has withdrawn before the Accreditation Board meeting) loses its eligibility status. The Institution can choose to restart Stage 1 immediately. However, it cannot re-apply for Eligibility within 2 years of the Accreditation Board decision (or date of withdrawal).

Institutions re-entering the EPAS process at **Stage 1** between 2 and 5 years after failing to achieve accreditation or after withdrawal following a negative peer review recommendation should provide a Progress Report, in addition to the other application documents (Application Form and Datasheet). The report should convincingly demonstrate that the Institution has overcome the weaknesses outlined in the Accreditation Board letter and should further explain the progress it has made in implementing the recommendations in the Peer Review Report. Institutions having withdrawn from the process should indicate progress in the areas that led to a negative recommendation by the Peer Review Team. In such cases the Application Fee will be waived. If more than 5 years have elapsed, a re-application for entering the EPAS process will be treated as an initial accreditation and the Application Fee is due. In either case the fee schedule applicable will be that of the year of the new application.

Specific policies applying after accreditation

An Institution that is awarded EPAS accreditation for one or more of its programmes must abide by the EPAS Publicity Policy (see [Annex 19](#)).

It is important to note that Institutions must inform the EPAS Office of any major changes that take place within the Institution which impact directly on an accredited programme, for example major restructuring of the programme or ownership change of the Institution (see [Annex 16](#): EPAS Policy on Major Re-Structuring of an Accredited Programme). **The Institution must report any changes to the programme or Institution that might lead to a loss of eligibility (e.g. student intake numbers fall below the required minimum). In exceptional cases, the EPAS Office may consult the EPAS Accreditation Board for advice on whether it would be appropriate to change the date of the programme's re-accreditation.**

Note that the names of all programmes (and their Institutions) accredited by EPAS will be published on the EFMD website and in other documentation along with the period of accreditation (due to the EU Directive on Freedom of Information). EFMD will not be held liable for any damage caused by such publication.

Stage 8: Continuous Improvement following Accreditation

Once accredited, Institutions are required to actively pursue a development plan for the accredited programme, negotiated with the EPAS Office in the case of 5-year accreditation or determined by the Accreditation Board in the case of 3-year accreditation.

- ***For programmes accredited for a 5-year period***
In the two months following accreditation, Institutions receiving 5-year accreditation for one of their programmes are required to define three strategic development objectives. The Institution should propose strategic development objectives that commit it to a path of quality improvement with a focus on the accredited programme and hence help the Institution develop the programme further in line with the PRR suggestions. It is recommended that these objectives be based on the key issues raised in the Peer Review Report but the Institution is free to select other objectives as long as a convincing rationale is presented. The selected objectives should be proposed to the EPAS Office and will be agreed based on their appropriateness and on the degree of challenge they present to the Institution. The Institution is then required to submit electronically a 10-15 page midterm Progress Report to the EPAS Office within 30 months of accreditation.
- ***For programmes accredited for a 3-year period***
Institutions receiving 3-year accreditation for one of their programmes are obliged to accept as their strategic development objectives the Areas of Required Improvement as specified by the Accreditation Board. They are then required to submit electronically annual Progress Reports to the EPAS Office within 12 months and then 24 months of the accreditation decision. The reports should be about 6-8 pages in length for 1 programme and 10-12 pages for 2 programmes. The first year report may contain plans to address the Areas of Required Improvement but the second year report must contain tangible results of the progress achieved in the two years.

These Progress Reports are considered important documents in the re-accreditation process of the programme and are included in the material given to the subsequent Peer Review Team. All Progress Reports should summarise the progress made towards the achievement of the defined Areas of Required Improvement or Development Objectives together with any general improvements relevant to the EPAS accreditation. The relevant EPAS Progress Report Form (see the templates in **Annex 14**) must be used for the progress report, covering the following sections:

1. Strategic Developments within the Institution and/or the Programme
2. Area of Required Improvement or Development Objective 1
3. Area of Required Improvement or Development Objective 2
4. Area of Required Improvement or Development Objective 3
5. Other developments

Progress Reports should be submitted in Word format by email to the EPAS Office. The achievements in the Progress Report will be evaluated by the EPAS Office and the feedback will be communicated to the Institution. The textual feedback will also be summarised as 'Above', 'Meets' or 'Below Expectations'. Progress reports may be returned to the Institution for revision if they are deemed 'Not Acceptable'. It should be noted that feedback on progress reports is only for guidance and a complete assessment can only occur at the next accreditation visit.

When an Institution holding a 3-year accreditation fails to provide the Progress Report on time or when the evaluators consider that overall progress is 'Below Expectations', EPAS may make a case to the Accreditation Board for the withdrawal of the accreditation in their next scheduled meeting.

Quality improvement is an essential element of the EPAS process. The Accreditation Board may deny re-accreditation if the Institution has shown insufficient effort in

addressing the Areas of Required Improvement and no tangible progress has been achieved for most of them.

In both cases (i.e. 5-year and 3-year Accreditation) the Progress Reports and feedback are included in the material given to the Peer Review Team when the Institution next goes through the re-accreditation process, and form part of the documentation upon which the assessment is based. Peer Reviewers will also be informed of any delay or insufficiency in the progress reports.

Stage 9: Re-Accreditation

EPAS accreditation is granted for a limited period, either 5 years or 3 years. Therefore, an Institution that wishes to maintain its programme accreditation must enter a process of re-accreditation before expiry of the 3- or 5-year period. Since preparing for re-accreditation may take several months, an Institution is invited to apply for re-accreditation approximately one year before its accreditation expires. The expiry date is 3 or 5 years from the date on which EPAS accreditation was granted by the Accreditation Board.

The EPAS Office will remind the Institution about the expiry of its accreditation and the procedures described here for the renewal of accreditation. The Institution then must send a Re-Accreditation Application Form (see [Annex 4](#)) to the EPAS Office at the latest one year before the expiry date of the accreditation. However, should the Institution seek to apply with a second programme for initial EPAS accreditation, the submission of the Re-Accreditation Application Form is not necessary. Instead, the Institution is asked to submit a regular Datasheet ([Annex 2](#)) that combines information for the accredited programme and the new programme and an Application Form ([Annex 1](#)) for both programmes.

Institutions applying for re-accreditation are subject to the same fees as Institutions undergoing their first accreditation (see [Annex 3](#)) with the exception of the Eligibility Fee.

The re-accreditation process is substantially the same as for initial accreditation. As is the case for initial accreditations, Institutions seeking re-accreditation must initially send the SAR (including annexes), Student Report and updated Datasheet to the EPAS Office at least eight (8) weeks before the start of the Peer Review Visit, and upon initial confirmation from the Office, to the PRT.

The Self-Assessment Report

As with initial accreditation, the Self-Assessment Report should be drafted in accordance with the guidelines in Section 5 of this Manual and should cover the 5 chapters of the ***EPAS Standards & Criteria*** document. However, each chapter should begin with a section summarising the changes that have occurred since the previous accreditation and explaining the principal challenges that the Institution is now facing in relation to the accredited programme.

The Self-Assessment Report should be written with careful reference to the observations and recommendations contained in the previous Peer Review Report, describing also the progress towards achieving the Development Objectives chosen by the School (in the case programmes granted accreditation for 5 years) or the Areas of Required Improvement specified by the Accreditation Board (in the case of programmes granted accreditation for 3 years). This is particularly important for

programmes holding a 3-year accreditation, as the progress towards the Areas of Required Improvement will be an important factor in the maintenance of the accreditation.

It is important to bear in mind when compiling the Self-Assessment Report that the members of the Peer Review Team will be different from those participating in the previous visit and they will not have access to the previous Self-Assessment Report.

The Peer Review Visit

While the organisation of the Peer Review Visit, including the general structure of the Peer Review Team, will be similar to that of the initial accreditation, the actual focus of the Peer Review Visit will differ. While it remains important to establish how well the programme continues to satisfy the full range of EPAS criteria, particular emphasis will be placed on changes that have occurred and progress that has been made since the initial accreditation. As a consequence, the balance in the organisation of the interviews may differ. For 5-year accredited programmes, the visit will be organised in such a way that priority is given to quality improvement and strategic development issues. For 3-year accredited programmes, the meetings will reflect the need to check progress thoroughly in the Areas of Required Improvement specified by the EPAS Accreditation Board.

Policy on non-renewal of accreditation⁴

The following policy is specifically designed to mitigate the effects of negative re-accreditation decisions by:

- a) giving more time for the Institution to manage the situation rather than being instantly removed from the list of accredited programmes.
- b) granting Institutions an opportunity to state their case again, if they believe this will be to their benefit.

The following process will apply to the re-accreditation of institutions and programmes previously accredited:

1. When an Institution learns through the Peer Review Report of a recommendation by the Peer Review Team for non-accreditation and the Institution then decides to withdraw from the accreditation process, its name will be removed from the list of accredited programmes only 6 months after the date of the EPAS Accreditation Board (AB) meeting to which the Report would have otherwise been submitted.
2. If the AB makes a negative decision (either based on a negative recommendation or by not supporting a positive recommendation in the PRR), the programme will be automatically placed on *Deferral* and it will not be removed immediately from the list of accredited programmes.
3. The Deferral Institution will be given the option to decide (within a maximum of 2 months of the AB decision date) if it will accept the non-accreditation or if it will aim for another full Peer Review Visit (PRV) to take place within 1 year of the AB decision date. This PRV will require the preparation of a new Self-Assessment Report by the Institution and will involve a new PRT. The date of

⁴ This is usually referred to as the Deferral policy.

the new PRV should be fixed as soon as the Institution makes a decision in this respect.

4. The offer of a new PRV should not be interpreted as recognition that the previous PRT, the AB or anyone else involved from EFMD did not perform as required. Should the Institution think otherwise, it should appeal the decision rather than opting for the new PRV. This new visit is just an additional opportunity granted to an Institution that faces losing its EFMD accreditation. The Institution then has to make sure that its new Self-Assessment Report and the information provided to the new PRT persuasively convey the quality of the programme according to the established quality framework. The Institution should therefore pay particular attention to the recommendations made in the latest PRR and in the AB letter of non-accreditation. Both of these will be part of the documentation provided to the new PRT.
5. No Application Fee (see **Annex 3: EPAS Fee Schedule**) will be charged for the new review but the Review Fee applicable in the year of the AB decision will be charged. The Accreditation Fee for the deferral year (i.e. for extension of accreditation) will also be charged. If an Institution then cancels the PRV during the Deferral period, a cancellation fee will be charged and the programme will be removed from the accredited list (allowing the 6 months grace from the date of the AB decision as indicated below).
6. If the Institution opts for a new review, it will remain on the list of accredited programmes until the AB makes a decision on the second PRR. A negative decision at that time will be final, i.e. it will not be allowed a further deferral period or appeal and the programme will be removed immediately from the list of accredited programmes.
7. If the Institution rejects the option of a new review and accepts the non-accreditation decision, it will remain on the list of accredited programmes for a total of 6 months after the AB decision date.

Section 4: Eligibility Guidelines

4.1. EPAS Eligibility Criteria

EPAS is designed to accredit high quality programmes which aim to develop graduates for careers in international business and management. Institutions offering such programmes are likely to have a strong national or international reputation and to have a clear international perspective. The Eligibility criteria for EPAS therefore consider both institutional and programme dimensions.

Item 1. Institutional status and reputation:

The Institution must demonstrate that its activities fall within the scope of institutions covered by the EPAS system. It must produce evidence that:

- a. It is an EFMD member in good standing; it needs to maintain this status while going through the accreditation process as well as during the entire period of accreditation.
- b. It is an Institution of higher education status or level, and has a mission of knowledge creation as well as of programme delivery. It must have been in operation for at least 5 years, which can involve the transition from a previous to the current structure.
- c. It has a strong national and preferably international reputation. Evidence for reputation should be factual and objective. Indicators may include accreditation by other bodies, highly positive national audit reports, strong media rankings, graduate employment data, list of high quality international partners or other equivalent measures of recognition.
- d. The Institution should be financially viable such that it is able to offer the programmes on a sustainable basis.

Item 2. Faculty:

The faculty (including adjunct or visiting faculty) must be of a size and be qualified appropriately for the level of the programme offered. A significant number are likely to hold doctorates and the faculty mix should have significant international expertise and experience. There should be evidence (e.g. publications) of high quality intellectual activity or scholarship (e.g. case development, consulting projects, applied research, and academic research) by faculty members so as to underpin the academic depth of the programme(s) under review.

Item 3. Programme nature:

The applicant programme must aim to produce graduates qualified within the broad field of business and management. The programme may have other components as well, but the core content (normally at least 50%) must be related to business and/or management. It must have a sound academic but also an appropriate practical approach and

include an international perspective. The programme should enjoy a good national reputation and be accredited at the national level (where available and appropriate).

Item 4. Programme level:

The programme must be at Bachelors (or equivalent) level or above. Programmes which are deemed to be at sub-Bachelors level or are essentially vocational or training programmes will not be eligible.

Item 5. Programme quality:

The programme length must be appropriate to the level of programme, e.g. minimum length equivalent to 3 years full-time for Bachelors and 1 year full-time for Masters. The programme content must have appropriate academic depth and rigour matching the level of degree offered and must be designed to develop the relevant intellectual skills and managerial competences of students and graduates.

Item 6. Credibility and sustainability:

In order to have an established reputation and credibility and to ensure its long-term viability, the programme should have been producing graduates for at least 2 cohorts (normally over at least 2 years). However, programmes that are in transition from one format to another (e.g. pre-Bologna 5 year programmes moving to post-Bologna 3 or 4 plus 1 or 2 year BA/MA structure) may be eligible if in total they meet the 2 cohort criterion. There must have been a minimum aggregate of 30 graduates from the programme in the 2 years up to the date of EPAS application.

Item 7. Minimum size of each intake for mutual learning:

To ensure interaction between students for mutual learning, programmes must have a minimum cohort size, or group intake of a number of students, appropriate to the programme level *for a programme to be eligible*. Normally there should be a minimum cohort size of 25 students for general management programmes and 20 students for specialist programmes for each mode of delivery and intake. In the case of continuous entry, numbers in each core course must exceed these minima. This minimum must be maintained throughout the accreditation process and accreditation period.

Item 8. International perspective:

In order to produce graduates prepared for an international management career, the programme must provide students with an international learning experience. This is likely to require an international/multicultural mix of students (or at least incoming exchange students), an international/multicultural mix of faculty (including visiting faculty), a diverse academic content, a mix of delivery methods, the opportunity for study/work abroad, a range of international partnerships, and the delivery of some course elements in English or another major foreign language.

Item 9. Business/practitioner perspective:

The programme must develop an understanding of the business and managerial world which is likely to require strong practitioner input to the programme and the opportunity for work based learning or internships. Students should be able to develop practical transferable skills.

Item 10. Ethics, responsibility and sustainability (ERS) perspective:

The programme must develop an understanding of the role of ethics, responsibility and sustainability in order to prepare students for the challenges and constraints of managing a modern organisation in its societal context.

Item 11. EPAS Standards and Criteria:

The perceived ability to meet the EPAS Standards and Criteria is **the key factor** for the Committee in making the decision on eligibility. The programme must have a reasonable prospect of satisfying the EPAS Standards within 2 years of being declared Eligible.

(Additional Eligibility criteria apply to **Doctoral programmes** – see **Annex 12.**)

4.2. General Guidance

Items 1-7 of the above Eligibility criteria are largely specific and/or quantitative in nature and therefore indicate quite clearly whether a particular programme satisfies those conditions, or not.

Items 8-10 however are judgemental and the standard sought for each of these criteria will vary according to the level of programme for which accreditation is sought. No quantitative norms have been set for these criteria since they are generally applicable to all levels and types of programmes. It is therefore the responsibility of the applicant Institution to present a convincing case that the programme being put forward satisfies the general standard indicated in the above list.

Institutions must continue to meet the Eligibility criteria during the eligibility period and the period of accreditation. They must inform the EPAS Office about any development that may affect their eligibility status in a material way. Institutions must immediately report if they no longer meet the Eligibility criteria. Their case will then be considered by the EPAS Committee or the Accreditation Board as appropriate.

Clarification of any of the above Eligibility criteria with respect to its application to a specific programme may be sought from the EPAS Office.

4.3. Specific Cases***Programmes that have recently undergone a change in format***

Eligibility for EPAS requires that a programme has had at least 2 graduating classes (normally over at least 3 years) and has produced at least 30 graduates over the last 2 years (see above). However, a programme that has developed from one format to

another will also be eligible provided that in total the 2 year graduations rule applies, e.g. a change from a pre-Bologna 5 year Masters to a post-Bologna Bachelors plus Masters (see Section 1, paragraph 3.1 of this Manual and also the document entitled “Guidelines and Position Papers: Supporting Material for the EQUIS and EPAS Accreditation Systems”).

Consortium-run programmes

EPAS is able to accept consortium-run programmes as well as those run by single Institutions. The policy and procedure for accrediting joint programmes is explained in detail in **Annex 15: Policy on Collaborative Provision and Joint Programmes**.

Section 5: Guidance for Self-Assessment

5.1. The Purpose of Self-Assessment

The EPAS Programme Accreditation Framework and supporting documentation provide an external yardstick against which the Institution can measure its performance and the effectiveness of its processes and structures. The thoroughness with which the self-assessment is carried out and the breadth of involvement will determine a large part of the added value of the quality improvement tool.

The main aims of the EPAS Self-Assessment process are to:

- a) **Provide an opportunity for the Institution to take stock of its situation with respect to the programme**
- b) **Carry out a comprehensive strategic review for the programme**
- c) **Result in an unbiased and critical self-evaluation**
- d) **Provide a basis for the Peer Review**

5.2. The Self-Assessment Process

The overall Self-Assessment process will probably take between 9 and 12 months at least. The EPAS Office must receive the Self-Assessment Report, Datasheet and Student Report at least **eight (8) weeks** before the date of the Peer Review Visit.

The following actions are recommended in designing and implementing the Self-Assessment process:

5.2.1. Responsibilities

EFMD recommends that as soon as possible the Institution should appoint an Accreditation Project Leader and an accreditation committee to manage the process and draft the report.

It is obvious that the Project Leader should be suitably qualified and resourced to carry out the work. Representation on the accreditation committee is also a key issue, and should include representatives from key stakeholder groups including representatives from the student body who will co-ordinate the student contribution to the Self-Assessment process.

5.2.2. Communication

At an early stage, the top management team will need to provide a full explanation within the Institution of the aims of the Self-Assessment exercise, of its role in the wider accreditation process and of the standards against which the programme is being measured. The assessment process should involve all key stakeholders, who will need to understand the process if they are to contribute fully to the implementation of a rigorous

Self-Assessment. Effective communication with these parties should be maintained throughout the process.

The Self-Assessment is an ideal opportunity for the Institution to obtain commitment from key stakeholders to secure resources and improve quality. Considerable care must therefore be taken to present the results of the Self-Assessment in a balanced, realistic and honest way. The conclusions should state clearly what needs to be done to continue progress towards the achievement of the Institution's strategic goals for the programme. It must also provide the basis for an evaluation by the Peer Review Team.

5.2.3. Methodology and Planning

The starting point of a successful Self-Assessment process is the early development of a detailed plan. This will provide sufficient time to carry out a quality Self-Assessment and deliver a Self-Assessment Report by the required date.

The detailed project plan should contain details of the main stages of the assessment, methods to be employed, key issues to be addressed, responsibilities and participants, as well as time frames. The key stages of the assessment process will need to be accompanied by the systematic collection of data to support the process and address the criteria for EPAS accreditation.

There is no pre-established format for the approach to be adopted when conducting the Self-Assessment. Each Institution should develop a plan that meets its own specific needs.

However, the following criteria should be applied to the design of the Self-Assessment process:

- **Systematic process:** the Self-Assessment should be well planned, thorough and comprehensive. The assessment should be driven by a methodology seeking to answer key questions, rather than simple application of a tick-box approach.
- **Objectivity and balance:** the Self-Assessment exercise should result in a balanced statement of current strengths and weaknesses, opportunities and threats and a determination of the action needed to address these issues. The Institution should not in any way restrict itself to the EPAS criteria or guidance and it should use as many sources of information as possible.
- **Participation:** in collecting data and evaluating the results of the Self-Assessment, the Institution should involve a variety of groups to agree key conclusions and recommendations. This is not just a way of improving objectivity, but also a way of incorporating different perspectives, of improving communication and commitment to the findings.

5.2.4. Structuring the Report

Alongside the formulation of the detailed project plan, the Institution should also determine the eventual format of the Self-Assessment Report, taking into account the requirements of EPAS in terms of the content to be covered.

More detailed information on the format, content and preparation of the Self-Assessment Report is given below.

5.3. The Self-Assessment Report

The Self-Assessment Report should be based on the **EPAS Standards & Criteria** document which sets out the full range of the EPAS quality standards and the criteria against which the quality of the programme will be measured. The document also lists the supporting information and materials that should be included in the Self-Assessment Report or made available to the Peer Review Team in the physical or digital Base Room (see also **Annexes 5 and 6**).

The standards and associated criteria are grouped into five chapters in accordance with the EPAS Programme Accreditation Framework (see Section 1):

1. Institutional Context
2. Programme Design
3. Programme Delivery & Operations
4. Programme Outcomes
5. Quality Assurance Processes

A copy of the **EPAS Standards & Criteria** document can be obtained from the EFMD website or from the EPAS Office.

The following comments are relevant in the preparation of the Self-Assessment Report:

5.3.1. Main Report

The Self-Assessment Report should lead to a conclusion in which the Institution makes a case for EPAS accreditation for the applicant programme(s). The report should be self-evaluative and self-critical and should demonstrate how the Institution has addressed existing weaknesses and how it will do so in the future. Delivering a promotional document should be avoided at all cost, as this will force the Peer Review Team to focus on fact finding rather than on providing qualified advice.

The overall report should be a unified piece of work, rather than a collection of separate individual reports. If more than one programme (or programme set) is to be assessed, then normally chapters 1 and 5 would be common to both programmes and chapters 2, 3 and 4 would be written specifically for each programme. For example, Institutions applying with 2 programmes often present in the SAR sequential chapters 2, 3 and 4 for Programme A which are followed by sequential chapters 2, 3 and 4 for Programme B. Deviations from this structure (for example, in order to combine information that is common to both programmes) may be justified but should be approved by the EPAS Office beforehand.

The report should be maximum 100 pages long with a **font size not smaller than Arial 10 or equivalent** and including annexes and supporting documents.

a. Cover Page

The cover of the Self-Assessment Report should clearly state the full name of the Institution, the name of the programme(s) under review, the date of submission to the EPAS Office and the name of the individual to contact in case of questions related to the report.

b. Statement of Accuracy

The first page of the Self-Assessment Report should contain a statement confirming the accuracy of the report signed by the Head of the Institution. His or her title must be made explicit.

c. Executive Summary

An Executive Summary of 2 to 5 pages should be included in the beginning of the report.

d. Main Content

The structure of the Self-Assessment Report should follow the five chapters of the **EPAS Standards & Criteria** document. It should be noted that the EPAS criteria are generally phrased in the form of questions which should be interpreted against the level of the programme which is to be reviewed.

The internal organisation of the five chapters can be determined freely by the Institution. Institutions should normally follow the order of the sections of the **EPAS Standards & Criteria** document (and the Quality Profile). It is not necessarily expected that the Institution should answer every question. The Institution is expected to provide their own conclusions from the Self-Assessment process about the dimensions being considered in each section as they feel most appropriate. However, it is expected that the key issues that are relevant for a comprehensive assessment of the programme be carefully addressed.

The items in the **EPAS Standards & Criteria** document are formulated in qualitative terms. However, the information provided by the Institution should, where appropriate, allow an assessment of the quantitative positioning of the programme in relation to each criterion.

5.3.2. Annexes and Supporting Documents

Annexes to the Self-Assessment Report should be limited to materials strictly necessary for a proper understanding of the report and should not lengthen the Self-Assessment Report beyond the specified maximum 100 pages. Detailed information concerning annexes and supporting materials is provided at the end of each chapter in the **EPAS Standards & Criteria** document and is summarised in **Annexes 5 and 6** to this Manual.

Bulky and less essential material (see **Annex 6**) should be placed in the physical or digital Base Room for consultation during the review either as hard copy or on the USB stick used to send the Self-Assessment Report to Peer Reviewers. For example, it

would be useful to include the faculty CVs or resumes and the programme structure material on the stick. These documents should however also be available in the physical or digital Base Room.

5.3.3. Student Report

The Self-Assessment Report should be accompanied by a report (6-10 pages) compiled independently by a representative group of students from the applicant programme. If an Institution puts forward two programmes (or programme sets) for EPAS (re-)accreditation, there should be two separate student reports, one per programme (or programme set). If possible, this group should also include some exchange students. A template for the Student Report (see **Annex 8**) is provided based on selected chapters of the **EPAS Standards & Criteria** document and will be the focus of the discussion with students during the Peer Review Visit.

The Institution should ensure that some of the students involved in the compilation of this report are present at the Peer Review Team's meeting with students.

5.3.4. Updated Datasheet

The submission should also include an updated version of the Datasheet ensuring that the information is accurate at the time of the Peer Review Visit. It is important to use the latest version of the Datasheet template as this is revised every year. The EPAS Office can advise on the correct template to be used.

5.3.5. Distribution of the Self-Assessment Report

The final Self-Assessment Report and accompanying documents (Annexes, Student Report and updated Datasheet) should be sent by the Institution to each of the four Peer Reviewers, after approval by the EPAS Office, **in hard copy (printed double sided) and in electronic copy**. The documents should also be sent to the EPAS Office in **electronic copy only**. See Section 3, Stage 5 for further details.

Section 6: Guidance for Peer Review

6.1. Introduction

The EPAS Committee has agreed that the **programme standards should be of demonstrably high quality** and worthy of international recognition. It is therefore important for the Peer Review Teams to establish rigorous evaluations noting that EPAS is likely to be more difficult to achieve than a standard national accreditation, not least because of the expectation that programmes will have strong international and business/practitioner perspectives in line with EFMD's mission.

This section explains the overall process of evaluation and is intended to be a guide for all the parties involved: the Institution and its programme(s) team, the Peer Review Team and the Accreditation Board.

6.1.1. Composition of the Peer Review Team

Each Peer Review Team is composed of four members with experience in the organisation and delivery of business and management programmes. They normally have different nationalities and/or work in different countries. Each team includes:

- The Chair of the Peer Review Team: an academic (Dean or equivalent) normally from a different country from the Institution being assessed.
- Two academic members (Dean, Associate Dean or Programme Director)
- One member from the world of practice or a professional association

While the working language of EPAS is English, every attempt will be made to include a local language speaker within the Peer Review Team.

In each team, there should be one academic reviewer who is familiar with the local educational environment and can explain the contextual background of the Institution and programme for the benefit of the Peer Review Team (this applies especially to initial Peer Review Visits).

In addition, at least one member of the Peer Review Team should have specialist knowledge of the specific subject matter of the programme being assessed. If Technology Enhanced Learning (TEL) is a key component of the programme under review or the programme is delivered online, one of the academic members of the PRT should have expertise in TEL⁵.

The final composition of the PRT will be communicated to the Institution. At this time, the Institution to be reviewed will have the opportunity to veto a member of the team for reasons of conflict of interest, for example if he/she is or was recently working with an institution that is a close competitor or if he/she is felt to be unsuitable for some other substantial reason. The Institution should inform the EPAS Office immediately which in turn will inform the individual concerned.

In the unfortunate event of a reviewer being unable to attend at the last minute, the EPAS Office will endeavour to find an appropriate replacement. However, if this is not

⁵ See notes on TEL at the end of Chapter 1 and Chapter 2 of the *EPAS Standards & Criteria*.

possible, the Institution will be asked to accept a Peer Review Team with only 3 members. There will never be a PRT with less than 3 members.

Each reviewer will have signed a general confidentiality agreement with respect to the information provided to him or her in the context of the reviews, stating also their agreement to conform to the Conflict of Interest Policy (see **Annexes 17 and 18**). In accepting an invitation to participate in a Peer Review, each team member commits to being present throughout the entire visit.

It should be noted that Peer Reviewers volunteer their time and are unpaid for their role in the Peer Review process but will claim reimbursement from the reviewed Institution for travel and accommodation costs related to the review. The Institution should settle reimbursement claims within four weeks after receipt from reviewers.

It is not appropriate for individual Peer Reviewers, once assigned to a School's visit, to suggest or imply mutual areas of collaboration before a final decision on accreditation or re-accreditation has been reached by the Accreditation Board. Such collaborations should not take place until at least 6 months after the accreditation decision.

6.1.2. Objectives of the Peer Review within the EPAS Process

The objectives of the Peer Review are as follows:

- To engage in a constructive dialogue with the Institution
- To seek additional information as necessary in order to establish a comprehensive understanding of the programme offering
- To confirm and/or challenge the main issues raised in the Institution's Self-Assessment Report
- To make an overall assessment of the programme(s) against the EPAS Standards & Criteria
- To provide recommendations for future development and quality improvement

The balance between the role of the Peer Review process in providing sufficient information to the Accreditation Board to arrive at a decision on accreditation and the wider, strategic and quality improvement role of the Peer Review Visit is delicate. In carrying out EPAS Peer Reviews, it is important that all parties begin the process with a clear idea of what the Peer Review is designed to achieve. The success of the visit rests on a number of conditions being met by all those involved in the process, e.g.:

- Thorough preparation by the Institution through the production of a Self-Assessment Report
- Careful reading of the Self-Assessment Report by the Peer Review Team
- Clear relationships and expectations on the part of all involved
- Open discussions free of excessive formality between the Peer Review Team and the key stakeholders of the programme
- The presentation of confidential feedback and recommendations for accreditation in a professional manner, combining the requirements of the Accreditation Board with an approach that respects the needs of the Institution as a client

6.2. Preparation for the Visit

6.2.1. Reading Materials for the Peer Reviewers

The following documents will be sent to each member of the Peer Review Team by the EPAS Office, except items 5, 6 and 7 which will be sent by the Institution directly:

General documents:

1. Names and addresses of the members of the Review Team
2. EPAS Standards & Criteria
3. EPAS Process Manual and Annexes
4. Guidelines and Position Papers: Supporting Material for the EQUIS and EPAS Accreditation Systems

Documents specific to the programme(s) under review:

5. Self-Assessment Report and Annexes
6. Updated Datasheet
7. Student Report

In the case of initial accreditation visits:

8. Eligibility letter, highlighting any reservations that the EPAS Committee felt appropriate to the application
9. The Advisor's Pre-Review Assessment Evaluation

In the case of re-accreditation visits:

10. The report of the Peer Review Team from the previous Peer Review Visit, as presented to the Accreditation Board
11. The letter setting out the Accreditation Board decision
12. The Progress Report(s) from the previous accreditation period, as well as the feedback of the EPAS Office.

6.2.2. Study of the Self-Assessment Report by the Peer Reviewers

The Institution should send copies of the completed Self-Assessment Report (including annexes, Student Report and Datasheet) initially to the EPAS Office at least 8 weeks before the start of the Peer Review Visit. Upon initial confirmation by the EPAS Office, the Institution will send the documents to the members of the Peer Review Team at least 6 weeks before the start of the Peer Review Visit.

It is very important that each member studies the SAR carefully before the team comes together for the Briefing Meeting on the evening before the Peer Review Visit. As an important starting point for discussion during this preliminary meeting, each member should attempt to answer the questions listed below:

- *Are all the areas covered by the EPAS Programme Accreditation Framework adequately addressed in the report?*
- *What further information is required?*
- *Is the report sufficiently self-critical and analytical?*
- *Is the Institution's local context clearly explained?*
- *Does the programme fit the Institution's overall strategy and programme portfolio?*
- *Are the mechanisms for the strategic management of the programme clearly visible from the report?*

- *Are the problems facing the programme clearly formulated?*
- *Does the Institution clearly sketch out how it plans to deal with these problems?*
- *What preliminary assessment can be formulated against the main EPAS criteria?*
- *What are the main issues that will require careful analysis during the visit?*

By answering these questions, each team member is not tied to a final judgement but is simply forming a first impression based on the written information supplied. The programme of the Peer Review Visit is put together in such a way that there will be ample opportunity to further investigate these initial findings and consequently to confirm or refute them.

The Chair of the PRT should seek to establish the impressions of the other team members during the first evening in order to identify further information that should be supplied by the Institution and to prepare the main focus of the interviews.

6.2.3. General Logistics

The Institution is expected to make all necessary arrangements for accommodation and the local transport for the PRT members. The Project Leader should therefore liaise directly with the EPAS Office to confirm the travel arrangements for the members of the team.

Peer Reviewers arrange their own travel according to the general guideline that flights should be booked in economy class, but business class tickets are allowed in the following circumstances:

- a) in a trip involving at least one flight that lasts more than 5 hours, business class can be chosen for this flight and all its connecting flights;
- b) in a trip involving several flights, all of them lasting less than 5 hours, as long as the time between the scheduled departure of the first flight and the scheduled arrival of the last flight to the final destination takes more than 8 consecutive hours including time spent in connecting airports.

Peer Reviewers are advised to book their flights at the earliest opportunity to minimise the costs to the Institution. **Reviewers should ask for approval from the Institution before ticket purchase, copying the EPAS Office, and should endeavour to keep the costs as low as possible** (a maximum of € 6,000 is envisaged but cannot be considered as the norm). Institutions under review are expected to cover the travel insurance of peer reviewers, where they are not covered by an insurance of their home institution. If the ticket price exceeds €1,000 Reviewers can request from the Institution to book the ticket for them. Sometimes Institutions prefer to book directly the flight tickets for the Reviewers, which is fine too. Travel expenses should be claimed from the Institution, copying additionally the EPAS Office.

Hotel accommodation should be of reasonable standard keeping in mind the travel schedule of the PRT members and should be reasonably close to the Institution. Unless exceptional circumstances exist (for example infrequent flights), Institutions should expect to cover the costs of 2-4 nights hotel and other expenses for Peer Reviewers, depending on the number and complexity of the programme(s) being submitted. For Peer Reviewers travelling for longer than 5 hours, Institutions are expected to cover the cost of up to two additional nights. In this case, Peer Reviewers are advised to arrive two nights before the start of the Peer Review visit in order to overcome jet lag effects, if necessary.

Travel, lodging, and other direct expenses incurred by Peer Reviewers in connection with the visit (e.g., visa application) are to be paid/reimbursed without delay by the Institution. All other extra expenses not directly related to the participation of the Reviewers in the EPAS Peer Review Visit will not be covered by the Institution.

Lunches should be rapid, involving a minimum of disturbance. There is a definite preference for buffet lunches in the Base Room.

The schedule for the visit, which normally varies between 1.5 and 2.5 days, will be very tight, so maximum use of the time is essential. Formal presentations and social events written into the proceedings are to be avoided.

Table nameplates should be prepared for every participant in each meeting.

Should the Institution decide to cancel or postpone the Peer Review Visit, it will be liable for any non-refundable costs incurred by the Peer Reviewers at that time and will also be charged an administration fee (see **Annex 3**: EPAS Fee Schedule).

6.2.4. The Base Room

The Institution should make available a Base Room (physical or digital) for the duration of the visit, which should normally serve as the main committee room used for meetings. The room provided for the team should:

- be spacious
- include a table for meetings
- possess a large table for laying out documents
- provide a telephone connection and Wi-Fi access to the Internet
- ideally include four computers or laptops with Internet access
- be free from disturbance
- be in close proximity to the room where meetings are held, if it is not the same room.

All documents for the visit should be available in the Base Room in soft or hard copy. EFMD abides by the GDPR policy⁶; it is the responsibility of the host Institution to provide all the documents necessary for the visit. Guidance on which documents to place in the physical or digital Base Room can be found at the end of each section in the **EPAS Standards & Criteria** document and is summarised in **Annex 6** to this Manual. Institutions are advised to provide a list of the documents available in the physical or digital Base Room and to use clearly marked folders. This list and the physical ordering of the folders should follow the structure of the **EPAS Standards & Criteria** document and therefore that of the SAR.

Institutions may also provide, if they wish, electronic copies of some of the Base Room materials (e.g. programme and/or course details, CVs of faculty) to the PRT members in advance of the visit. Such documents can be added to the USB stick containing the SAR, Student Report and updated Datasheet that Institutions are required to send to the PRT. Nevertheless, copies of those documents in electronic or paper form will also have to be available in the Base Room (see **Annex 6** for a detailed list of documents that must be available in the physical or digital Base Room). The materials in the Base

⁶ See <https://efmdglobal.org/privacy-policy/>.

Room should be organised following the order of chapters of the **EPAS Standards & Criteria** document, which corresponds to the structure of the SAR.

The Base Room would ideally contain a workstation for each reviewer which provides electronic access to all Base Room materials and the Institution's learning platform. Conversations in the Base Room are confidential to the PRT. For this reason, Institutions should not send representatives into the Base Room while the PRT is meeting there. Confidentiality must be respected at all times.

6.3. Setting up the Schedule

6.3.1. General Structure of the Visit

The length of the visit depends on the number of programmes (or programme sets) being reviewed (see the Peer Review Visit templates in **Annex 9**). The visit will normally begin with the Peer Review Team meeting alone for a briefing dinner the night before, the first full day then beginning at 9:00 am.

Generally, much of the first half day will be spent reviewing the Institution as a whole so as to understand the positioning of the programme under review within the overall structure and to ensure that the Institution's faculty, infrastructure and resources support the programme sufficiently and that the Institution operates appropriate quality assurance processes.

The time allocated for each programme (or programme set) should include meetings with the Programme Directors/Management, administrative staff, faculty members, students, graduates/alumni, etc. The meetings will cover curriculum design, approaches to teaching and learning or delivery methods, assessment methods, international perspectives, student support, programme evaluation and review, perspective from the world of practice, alumni support, etc. Considerable time is also allocated to the Peer Review Team for assessing the quality of the learning materials and actual assessments of students' work.

Guidance on the detailed visit schedule is given in sub-section 4 below.

There is unfortunately no time for the host Institution to entertain the Peer Review Team. However, the Dean and/or the EPAS project leader of the host Institution can welcome the PRT or meet them informally just before the first briefing dinner, if they wish and as long as the PRT agrees to that.

6.3.2. Detailed Visit Schedule

The standard templates for visits covering one and two programmes are set out in **Annex 9**. Deviations should be explicitly justified when submitting the draft schedule and will only be accepted in very exceptional circumstances. In all cases, the final visit schedule will be agreed between the Institution and the EPAS Office. The visit schedule should clearly indicate the names and titles/roles of all the participants so that the EPAS Office can evaluate the appropriateness of their inclusion. The Institution must send the first version of the draft schedule to the EPAS Office **eight (8) weeks** before the date of the Peer Review Visit.

The EPAS Office will revise the draft schedule and, if necessary, ask the Institution to make any changes. Institutions shall not contact the Peer Review Team and its Chair to negotiate the schedule. The draft schedule should not be sent to the reviewers. The EPAS Office will send them the final schedule once it has been agreed with the Institution.

As a general principle the Peer Review Team expects to see individuals only once unless they have more than one functional role. The sessions should also not include too many participants so as to allow for meaningful discussions. Therefore, only the participants that are indicated in the agreed visit schedule should be in the meetings. Audio or video recording of the interviews and feedback session is strictly forbidden.

Some of the participants in certain sessions may only be available remotely (especially in the case of visiting faculty, students of online programmes, alumni, practitioners). In that case, it is the responsibility of the host Institution to ensure that the technology used for the interviews works properly and that the session can run smoothly.

6.4. The Peer Review Visit

The visit schedule should be structured such that the Peer Review Team has the opportunity to question people involved in the programme(s) under review. Although the meeting contents may apparently overlap or duplicate in some cases, this is to allow for different responses from different sets of interviewees. A short presentation (15 minutes maximum) may be made for each programme being assessed by the relevant programme directors/managers in the meeting with the Programme Director and Management Team. No other presentations (even from the Dean or equivalent) are permitted since the Self-Assessment Report should be self-explanatory and is the basis for the Peer Review Team's questions.

6.4.1. Preparation for Interviews

It is obvious that the total time available for the visit is extremely limited and that the team should make good use of its time. Team members need to be conscious throughout of the role of a particular session in the total process for the assessment, i.e.

- Team members need to prepare for interviews and must therefore allow adequate preparation time.
- Having read the SAR, the PRT should request additional written information, when necessary, in advance of the interviews to facilitate their evaluation.
- Throughout the interviews, individual Team members should be working towards the overall assessment and need to crosscheck facts and complete the Criteria Evaluation Form (see [Annex 11](#)). This form is intended to make the work much easier when summarising their findings and writing the final report.

6.4.2. Focus of Individual Meetings during the Visit

6.4.2.1. Briefing meeting of the Peer Review Team

The work of the Peer Review Team will normally begin with a meeting held on the evening before the first day of the visit normally at 19:30. It is essential that the team be alone for this meeting.

The purpose of this meeting is to:

- brief the Peer Review Team by the Chair
- review the Self-Assessment Report and identify the key issues
- identify any supplementary information to be requested
- agree on the working methods and allocation of responsibilities within the Peer Review Team, in particular, specific writing assignments for the Peer Review Report to match interest and expertise. The Chair may also invite fellow team members to lead the discussion for some meetings.
- review the visit schedule and prepare for the meetings, e.g. allocation of team members in the case of parallel meetings.

The Institution will be required to book a suitable place for this meeting, preferably a separate meeting room in the hotel. It is also important that the Team can continue to work undisturbed through dinner, either in the same meeting room or at a quiet table in the hotel restaurant. The Team will have confidential discussions which the Institution may not wish to be heard by outsiders!

6.4.2.2. Initial meeting with the Dean/Director and Senior Management Team

The visit should start with a meeting with the Senior Management Team of the host Institution. The Dean should attend only this first session and the final session during the visit.

This is the opportunity for introductions, confirmation of the schedule and arrangements for the visit. The Peer Review Team can put on the table before the key representatives of the Institution some of their main concerns after reading the Self-Assessment Report and any requirements for additional information. It is important that sufficient time (1 hour) be allowed for this session in order to maximise the effectiveness of subsequent meetings.

This initial session is also an opportunity for the Institution to describe its current situation and explain how the applicant programme(s) fits the Institution's mission and its strategic portfolio. It would be quite appropriate to list the key difficulties facing the Institution with respect to the programme(s) in order to guide the Peer Review Team. However, it is also important to stress that using the time as some form of marketing presentation is very unhelpful. **There should not be a formal presentation.**

While some of the first half day will be spent reviewing the Institution as a whole, **the focus is on its ability to sustain delivery of the programme at a high quality level** for potentially the next 5 years. Therefore, detailed questioning of institutional mission and strategy should not be necessary but it is important to establish the degree awarding authority of the Institution, e.g. state approved or the Institution's own degree legitimised by market validity. The meetings should establish that there is a significant

level of support for the programme. It should be noted that although specialist programmes can sometimes be designed by a product champion, EPAS expects that they have general support within the Institution, not least for continuity purposes.

6.4.2.3. Meeting with the Heads of Academic Subject Areas

The purpose of the session with Heads of Academic Subject Areas or equivalent (heads of department/academic divisions) is to allow the Peer Review Team to reflect on **how faculty resources are managed** in the context of the programme(s) under review. The participants in this session are usually senior academics but should not be the same persons present in the faculty session (see below). This session should not include too many participants so that real discussion can take place (maximum 6-7 persons). EPAS does not use a standard list of main subject areas; those areas depend on the specific programme(s) under review.

6.4.2.4. Meeting with the Programme Director and Management Team

The meeting with the Programme Directors/Management is mainly to establish whether **the rationale for the programme structure** has been carefully defined and discussed with appropriate stakeholders, especially with programme faculty. One key question for the Peer Review Team is “Does the programme develop potential international managers?”, which implies that not only should the programme have a robust academic design but that there should also be a strong focus on both internationalisation and the world of practice.

EPAS expects that all programmes will have clear objectives and stated Intended Learning Outcomes (ILOs). The Peer Review Team should establish how effectively the Institution’s professed quality assurance processes actually operate for the programmes under review. Finally, the operations of the programme should be evaluated to ensure that it is likely to fulfil the stated objectives and Intended Learning Outcomes. If it is deemed necessary, the PRT may request a second meeting with the Programme Director before the end of the visit.

6.4.2.5. Meeting with Faculty Members

The expectations on faculty quality should match the programme(s) under review. As a minimum, all faculty teaching on any programme are expected to have a Master’s degree or equivalent, to be sufficiently scholarly in their subject area and to be able to blend theory and practice. For teaching on the first two years of a general Bachelors programme in Business & Management, this minimum level may be sufficient. However, as the level of specialisation increases, e.g. 3rd year electives or MBA electives, the level of qualification and scholarly activity should also increase to match the programme level. For a taught specialist Masters programme, e.g. Masters in Finance or in Marketing, almost all faculty should hold a relevant doctorate and be active in research. At MBA level, it is important that faculty can show the relevance to management participants of their teaching input with regard to both theory and practice. Finally, at doctoral level, it is essential that the faculty involved be recognised as experts in their area. Some programmes may be delivered primarily by visiting or virtual faculty which is acceptable in the EPAS model. However, the Peer Review Team should be convinced that the programme design and delivery are coherent and that the students are able to receive appropriate support throughout the programme and not just on visit days.

In order to better understand the teaching ethos and processes for the programme, the EPAS process aims to **link the Base Room teaching materials and samples of student work directly to the faculty selected for interview by the Peer Review Team**. The Institution should select 8-10 faculty for interview on the basis of:

- providing broad subject coverage within the programme
- faculty with major teaching contributions to the programme
- a mix of senior and junior faculty
- a gender and age balance and
- faculty with good English language skills (as far as possible)

It should be noted that, even for programmes primarily delivered by visiting faculty, it is expected that such faculty are available for interview preferably in person and certainly remotely.

In turn the Base Room materials (see **Annex 6**) should be provided for the courses taught by the selected faculty. The PRT first assesses the teaching materials and then interviews the associated faculty in order to assist in the evaluation of programme and course structures, academic depth of the programme, the teaching methods used and the appropriateness of the assessment regime.

Summary teaching evaluations must be provided for all faculty teaching on the programme, highlighting those for the faculty selected for interview. Prior to this meeting the PRT will have reviewed in the Base Room the teaching materials and course work of the selected faculty sample in order to provide an informed basis for discussion of teaching and assessment methods. It is therefore essential that the selected faculty members are available for interview at the time of the visit.

6.4.2.6. Meeting with Students

The purpose of meeting students is to obtain **evidence from these stakeholders that the programme does actually meet their needs** and to obtain views on the effectiveness and quality of the teaching, assessments and administration. The participants in the student session should be students that, at the time of the Peer Review Visit, are still enrolled in the programme; it is preferable to have students in different years of the programme, if possible. The session should include also some of the students responsible for writing the Student Report. The Base Room should contain examples of student feedback. If an online programme is being assessed, the Institution must ensure that students of that programme are available for interview, either in person or remotely.

There should be no academic or administrative staff members from the Institution participating in this session.

6.4.2.7. Meeting with Alumni

The purpose of meeting alumni is also to obtain **evidence from these stakeholders that the programme met their needs** and that the Institution offers appropriate support to alumni activities for the benefit of both. Some of the alumni participating in this session may have graduated recently but others should be alumni that are now employed and may be at different stages of their professional careers.

There should be no academic or administrative staff members from the Institution attending this session.

6.4.2.8. Meeting with Representatives from the World of Practice

The purpose of this meeting is to give further evidence of the **Institution's links with the business and management world** and to assess the impact of such links on the programme under review.

There should be no academic or administrative staff members from the Institution participating in this session.

6.4.2.9. Meeting on the Resources relevant to the Programme

This session is split into parallel groups that will be met by two PRT members. Group 1 will focus on **information and library resources and technology for pedagogy**. Group 2 will focus on **financial resources and generalised student support and services**. Staff with direct responsibility for these areas should participate in these sessions.

6.4.2.10. Meeting on Quality Assurance

EPAS wishes to ensure that **formal quality assurance processes** are in operation. These should include formal programme approval and review procedures and mechanisms to ensure that individual course or module content and assessment are not the sole responsibility of individual faculty.

Only staff members directly responsible for QA with respect to the applicant programme(s) should participate in this session.

6.4.2.11. Final Team Meeting

The team will be allocated a number of hours alone towards the end of the visit to formulate its assessment and recommendation for accreditation.

6.4.2.12. Final Debriefing Meeting with the Institution

The visit finishes with a second meeting with the Senior Management Team. This session closes the Peer Review and enables the Chair to make a provisional summary of the Team's conclusions without disclosing the recommendation on accreditation. It should be understood, however, that the final debriefing is not the occasion for renewed debate.

6.4.3. Assessing the Learning Materials

An amount of time is allocated for **assessing the quality of the learning materials and the assessment of students' work**. The Institution has been requested to supply not only samples of course notes but also samples of assignments set and the corresponding marked or graded student work. The Peer Review Team is requested

to assess whether the academic standards of both the questions and answers are appropriate to the level of programme being accredited. Of course the evaluation is based only on a very small sample chosen by the Institution but it should be possible to make a judgement, which may well reflect back on the effectiveness of the quality assurance systems.

The Base Room requirements for each programme being assessed are given in **Annex 6** – Information & Documents to be provided in the Base Room. These are briefly:

- Programme structure document including programme objectives and Intended Learning Outcomes
- Assessment regime and grading system
- List of courses/classes, Intended Learning Outcomes & syllabus for each course
- Teaching materials (course notes/hand-outs, case studies, text books, journal readings) for a selection of courses from a cross section of subject areas, in English where possible. These must be the courses delivered by the selected faculty sample.
- For the selected courses, the assignments/exams set and a sample of graded/marked student scripts matching those assignments/exams.
- Sample of graded final dissertations or internship reports (as appropriate)

Note to Institutions: *Relevant materials must be made available to the Peer Review Team. A typical list of what should be included in the Self-Assessment Report and what should be available in the Base Room as exhibits can be seen in **Annexes 5 and 6** respectively.*

6.4.4. Periodic Debriefing

At the end of each major session, it is essential that the members of the Peer Review Team allow themselves enough time to consolidate their findings and to complete all relevant paperwork. Regular breaks are allocated throughout the visit for this purpose. These meetings are also necessary to check that the Peer Review Team is on track towards the complete coverage of all the EPAS standards and is working steadily towards its final assessment.

6.5. Assessment and Feedback during the Visit

6.5.1. Individual Assessment and Consolidation of Findings

Completion of the assessment forms (Quality Profile and Criteria Evaluation Form – see **Annexes 10 and 11**) will be an on-going process for each reviewer throughout the visit. The Quality Profile should be completed before the team meets for the preliminary evaluation (on the evening of Day 1 for a single programme application or Day 2 for the 2nd programme). Two different versions of the forms are provided by the EPAS Office depending on the number of programmes under review.

The Peer Review Team are allocated time towards the end of the visit schedule to complete the documentation and to formulate their assessment and accompanying recommendations. The Chair will normally set aside time at the beginning of this period

for individual team members to complete the Quality Profile, since it will be an essential tool in consolidating the findings.

There are many different approaches adopted by different quality organisations and individual Chairs, but experience shows that the use of a rigorous procedure for collecting perceptions and arriving at a consensus avoids the undesirable effects of disagreement in the team.

This is the role of the EPAS Quality Profile, which not only helps the team to arrive at an objective assessment, but also fulfils the Institution’s need for feedback on the programme’s relative positioning in the international marketplace.

Although many reviewers may naturally be reluctant to do something that looks like ‘ticking boxes’, the rationale for this approach has nothing to do with mechanising the assessment. Its main justification is that it encourages the reviewers to implement a process for arriving at a consensus opinion while identifying discrepancies between the perceptions of different team members.

6.5.1.1. The EPAS Criteria Evaluation Form

The EPAS Criteria Evaluation Form (see **Annex 11**) is a working document that will help Peer Reviewers to build up their own personal assessment of the programme. It will serve as a basis for the drafting of the Peer Review Report. The items listed follow the order in which they appear in the corresponding chapter of the **EPAS Standards & Criteria** document where a fuller explanation of the criterion will be found. Peer Reviewers should refer to this document in case of doubt as to what is meant.

Peer Reviewers will normally fill in their comments on the Criteria Evaluation Form as the review progresses. It is very important that this process is carried out rigorously, since the final report will be in large part a synthesis of the documents completed by the different members of the Peer Review Team. Reviewers are, therefore, asked to write in the different boxes (at least in those sections rated “Above Standard” or “Below Standard”) a full commentary describing what they have observed. It is not sufficient in building up a profile of the programme just to respond with single adjectives or yes/no.

The completed **EPAS Criteria Evaluation Form** should be given to the Chair at the end of the visit or at the latest within a week. It is suggested that the form be completed electronically. The Chair will consolidate the EPAS Criteria Evaluation Form as an annex to the Peer Review Report.

1. Institutional Context

SECTION	
1.1	Institutional strategy and management
1.1.1	Mission and strategy in its national & international context
1.1.2	Availability of resources to implement the strategy
1.1.3	Present positioning relative to its programme competitors

Section of the EPAS Criteria Evaluation Form

6.5.1.2. The EPAS Quality Profile

The EPAS Quality Profile (see **Annex 10**) is used to summarise the Team’s overall conclusions. It lists the key criteria for each chapter of the **EPAS Standards & Criteria** document. The items listed correspond exactly to those listed in the Criteria Evaluation Form, except that they are shorter in formulation. The form requires the Team to agree one of four possible evaluations for each criterion, the choices being “Meets Standard”, “Above Standard”, “Below Standard” or “N/A”. Guidance on these evaluations is given in the sheet itself.

The Quality Profile is used to structure the work of the Peer Review Team when it meets at the end of the visit to reach agreement on its assessment.

At the beginning of this preliminary evaluation, the Chair will invite the members of the Team to make a personal evaluation against each assessment criterion. The normal procedure is for each member of the Team to complete the document alone before any discussion has taken place on the assessment of the different items. It is only when each member has committed him/herself to an initial judgement that the Chair opens the debate in order to work towards a common position that will be entered onto a consolidated version of the Quality Profile. This procedure will rapidly indicate where complete agreement exists among the team members and will also clearly reveal the areas that require careful discussion.

Once the final consolidated version of the Quality Profile has been agreed, it will no longer be modified unless there are exceptional reasons for doing so. Any change will then require the explicit agreement of all members of the Team. The document will be attached to the Peer Review Report and will be submitted to the Accreditation Board.

		ABOVE standard	MEETS standard	BELOW standard	N/A
Sect. 1	Institutional Context				
1.1	Institutional strategy and management				
1.1.1	Mission and strategy in its national & international context				
1.1.2	Availability of resources to implement the strategy				
1.1.3	Present positioning relative to its programme competitors				

Section of the EPAS Quality Profile

6.5.2. **Peer Review Decision Making and Feedback to the Institution**

The **decision making process** should be based on a consensus evaluation of the Quality Profile (see **Annex 10**). Similarly, the Peer Review Team conclusions and accreditation recommendations should be agreed by consensus. An accredited programme is likely to have most entries on the Quality Profile t that “meet standard” and only a few below and some above. The choices are 5-year accreditation, 3-year accreditation but with “conditions”, or non-accreditation. These recommendations must be clearly substantiated with reference to observations made in the Criteria Evaluation Form and to the assessment set out in the consolidated Quality Profile.

The Peer Review Team is not in a position to base its judgement upon comparison with programmes run by other institutions, nor is it expected to do so. On the other hand, its judgement must be based firmly on the definition of EPAS standards as set out in the **EPAS Standards & Criteria** document.

A formal **oral feedback** session to the Institution at the end of the Peer Review Visit is a scheduled part of the programme. This should be given by the Chair of the Peer Review Team to the Dean and programme management team and an outline of the feedback should be “rehearsed” with the Peer Review Team beforehand. The whole Peer Review Team is expected to be present during the feedback so as to support the Chair by presenting a united team.

The Debriefing

The oral presentation at the end of the Peer Review Visit plays a special role in the assessment process. With a great deal of time and energy having been invested by the staff of the Institution over a period of months, it is important that the feedback provides real value and ‘closes down’ the visit in the right way. Giving feedback is a skilled task, both for individuals and institutions. The rules for good practice that apply to feedback given to individuals are just as valid when applied to institutional feedback:

- adoption of a positive, supportive and constructive approach
- concentration on the key messages that need to be delivered, not on the fine detail
- enumeration of the strengths as well as the weaknesses
- early stressing of positive feedback to create the right climate
- delivery of key points in a clear and concise manner
- presenting more negative feedback in a constructive form that can be accepted
- confirming understanding and acceptance of key development needs
- suggesting alternatives for the way to deal with specific problems
- allowing the recipients to identify the solutions
- providing clear guidance on the necessary action for quality improvement where appropriate

The debriefing also allows panels to distinguish between feedback provided informally and that contained in a more formal report. There are sometimes findings and conclusions that may not really be suitable for a more public report, yet the panel would like to make more critical statements about a particular aspect of a programme. In these cases, the oral feedback can be used to formulate strongly worded recommendations to the right audience and in the right place.

The Chair should stress that the feedback represents a form of interim report, since some conclusions may be modified following a full consultation with his/her colleagues, including possible referral of some points to the Institution’s director. **It is not appropriate at this point to divulge the recommendation that the Peer Review Team intends to make to the Accreditation Board.** Nor is it appropriate to engage in a discussion of the oral assessment. The Institution will have an opportunity to respond in writing once the written report is submitted for comment.

6.6. Peer Review Report

The Peer Review Report is the culmination of the assessment process and is an extremely important document not only for the Accreditation Board but also for the Institution's management team. The report will have considerable impact on activities concerning the programme and so great care should be taken with the wording of key sections, especially where the comments are critical.

6.6.1. Formulating the Report

The Chair of the Peer Review Team is responsible for writing a Peer Review Report using the EPAS Quality Profile and Criteria Evaluation Form as a basis. The report should follow the Quality Profile structure outlined in **Annex 10**. The EPAS Accreditation Board has agreed on a preferred structure for this written report (see template later in this Section). In particular, the report should give a brief summary (not a cut and paste) for each major sub-section of the Quality Profile.

The Chair should prepare a summary of the Criteria Evaluation Form (based on the individual Peer Reviewers' forms), which in particular should amplify any items which are "above" or "below" standard on the Quality Profile. The written report should include a General Assessment, Strengths & Weaknesses, Recommendations on Accreditation (with conditions if necessary) and Suggestions for Further Improvements plus the summary assessment forms (Quality Profile and Criteria Evaluation Form). The report should make a recommendation on accreditation to the Accreditation Board. It should be noted that the decision will be to accredit for 3 or 5 years or not to accredit. The report must fully explain the reasons that led the Team to make its recommendation on accreditation.

The documents should be sufficiently extensive so as to provide enough evaluation of the programme(s) for the Accreditation Board to be able to make a well-informed and rational decision and for the Institution to receive useful guidance on potential improvements to the programme, i.e. receive value for money. It is expected that there will be 5-7 pages per programme plus a further 6-8 pages to cover the institutional and QA aspects (i.e. around 15 pages for one programme and 20 for two programmes).

6.6.2. Procedure for the Peer Review Report

1. The Chair consolidates comments from the Team, using the written summaries in the EPAS Criteria Evaluation Form and the minutes of the oral presentation.
2. The Chair writes up a first draft of the report.
3. The Chair circulates it to the team where each member is expected to provide input and comment on the draft.
4. The Chair amends the report, taking into account the comments received from the other members of the Peer Review Team, and sends the revised draft, including the summary assessment forms (in separate files), to the EPAS Office.
5. The revised version, which includes the Peer Review Team's recommendation on accreditation, is edited, formatted and proofread by the EPAS Office and submitted to the Institution. The editing process is mainly to ensure that the

report's documents are complete and coherent and that arguments are well made so as to lead to the recommendations on accreditation and the Areas of Required Improvement. Sometimes the editing process leads to the draft report being returned to the PRT Chair for clarification or amendment before it is sent to the Institution for comment.

6. The Institution responds to any factual inconsistencies or misunderstandings and returns it to the EPAS Office.
7. Following receipt of comments from the Institution, changes may be made and the final report will be completed by the Chair in collaboration with the EPAS Office.
8. The final version is sent to the Institution (normally within 8 weeks from the date of the Peer Review Visit) which is requested to give its authorisation for the report to be submitted to the Accreditation Board.
9. Once this authorisation has been obtained, the final report is submitted to the Accreditation Board together with the Quality Profile, the Criteria Evaluation Form and the most recent Datasheet.
10. The Peer Review Team members receive the final version of the Peer Review Report after the Accreditation decision.

Peer Review Report Template

Length: approx. 15-20 pages in total (depending on the number of programmes or programme sets under review), excluding annexes

Table of Contents

1. Introduction

Composition of the Peer Review Team

- name, position and country of each reviewer
- any additional comments on the Peer Review Team

Scope of the assessment

- definition of programme(set)(s) under assessment

Background

- background on the visit: initial or re-accreditation, eligibility reservations, etc.
- recommendations and suggestions in previous report (if re-accreditation)

Acknowledgements

- comment on the Self-Assessment Report, Base Room material, Student Report
- organisation of the visit and flexibility of the Institution
- acknowledgements
- any general comments on the visit

2. General Assessment

- the findings of the Peer Review Team covering the main points or sub-headings of the Quality Profile
- special mention should be made either to satisfying the eligibility reservations in the case of an initial accreditation or progress on the Areas of Required Improvement arising from a 3 year (re-)accreditation decision; similarly, on the Development Objectives in the case of a 5 year (re-)accreditation recommendation.

3. Overall Strengths and Weaknesses

- based on the feedback of the Peer Reviewers following the visit and summarised in the consolidated EPAS Criteria Evaluation Form
- succinct factual information to support the judgement of the Peer Review Team, particularly for issues rated “above” or “below” standard in the EPAS Quality Profile

4. Recommendation to the Accreditation Board

- for a period of 5 years, indicating areas where the Programme excels
- for a period of 3 years, specifying the recommended Areas of Required Improvement where the Programme does not yet fully comply with the EPAS standards of quality
- for non-accreditation, giving a detailed justification for this recommendation

5. Further Suggestions

- further advice that the Institution may wish to consider for the Programme

Appendix 1: EPAS Quality Profile (consensus version)

Appendix 2: EPAS Criteria Evaluation Form (consensus version, without the Overall Assessment part)

Appendix 3: EPAS Datasheet

Appendix 4: EPAS Accreditation Board letter from previous cycle (if re-accreditation)

6.7. Roles and Responsibilities

6.7.1. Responsibilities of the EPAS Office

- liaise with the Institution throughout the process
- advise and assist in the Self-Assessment process
- fix the timetable for the EPAS assessment and set the date of the Peer Review Visit
- establish the schedule for the Peer Review in liaison with the Institution
- review the Self-Assessment Report (including annexes) and Datasheet to initially confirm that the eligibility criteria have been met.
- ensure there is adequate time between receipt of the Self-Assessment Report and the date of the Peer Review Visit (at least **eight (8) weeks**)
- designate the members of the Peer Review Team and secure the necessary agreement from the Institution
- brief the Peer Review Team on the requirements of the EPAS assessment and to confirm receipt of all necessary supporting materials
- co-ordinate the compilation and finalisation of the Peer Review Report, in liaison with the Chair of the Peer Review Team and the Director of the Institution, and its presentation to the EPAS Accreditation Board
- ensure that the EPAS Process Evaluation Forms from the Institution and the peer reviewers are completed
- arrange for the safe disposal of all sensitive materials following acceptance of the report by the Institution

6.7.2. Responsibilities of the EPAS Project Leader within the Institution

- coordinate the Self-Assessment process and the preparation of the Self-Assessment Report
- ensure the timely production of the materials for the Self-Assessment Report, including annexes and supporting documentation to the main report
- upon initial confirmation by the EPAS Office, distribute the final Self-Assessment Report to the members of the Peer Review Team at least six (6) weeks before the date of the visit
- liaise with the EPAS Office
- establish a programme for the Peer Review Visit in collaboration with the EPAS Office
- reimburse all travel and accommodation fees for the Peer Review Team **within four (4) weeks from the date of the visit**
- make the necessary practical logistic arrangements for the visit, including local travel and accommodation
- ensure adequate access to key stakeholders during the visit of the Peer Review Team
- check the final Peer Review Report for factual inconsistencies
- complete an EPAS Process Evaluation Form for Institutions and return it on-line to the EPAS Office

N.B. Communication with the Peer Review Team by the Institution should always be via the EPAS Office or with the EPAS Office in copy.

6.7.3. Responsibilities of the Individual Peer Review Team Members

Before the visit

- liaise with the EPAS Office and Chair of the Peer Review Team on the requirements of the EPAS Peer Review Visit
- prepare themselves adequately about the objectives of the assessment and the criteria used by a careful reading of the EPAS documents
- read the Self-Assessment Report carefully and carry out a preliminary SWOT analysis against the EPAS criteria
- make appropriate and timely travel arrangements in accordance with the guidelines given by the EPAS Office
- convey to the Institution and the EPAS Office details of their travel arrangements and any special requirements they may have regarding travel and accommodation
- arrive the evening before the visit in time to participate in the team briefing at 19:30

During the visit

- ensure adequate preparation for all meetings
- be present throughout the entire Peer Review
- fulfil specified and agreed responsibilities within the team, such as the provision of specialist expertise
- act as the main spokesperson for some sessions, as agreed with the Chair
- document their own findings clearly enough to support the work of the Chair
- operate in the spirit of consensus. If a Peer Reviewer disagrees with the decisions arrived at by the Team, they must nonetheless abide by the majority opinion, while being free to express a minority view in the report
- hand in to the Chair all relevant documentation relating to their personal assessment (notably the EPAS Criteria Evaluation Form)

Following the visit

- liaise, if necessary, with the Chair and other Peer Review Team members to confirm the final decision on accreditation
- contribute to the drafting of the final report
- provide all requested documentation required for reimbursement of travel and accommodation to the Institution
- complete an EPAS Process Evaluation Form for Peer Reviewers and return it on-line to the EPAS Office
- make arrangements for the destruction of all sensitive materials relating to the visit following acceptance of the final report
- avoid expressing any opinion or communicating the results of the assessment to any person outside the Peer Review Team and the EFMD EPAS Office

6.7.4. Additional Responsibilities of the Chair of the Peer Review Team

Before the visit

- Upon receipt of the SAR (including annexes), Datasheet and Student Report, check if both documents are adequate and inform immediately the EPAS Office of any inconsistencies or problem areas in the reports.

During the visit

- brief the members of the team on the Peer Review process at the initial Briefing Meeting
- act as the main spokesperson for the Peer Review Team
- ensure adequate preparation for meetings
- determine the delegation of lead responsibilities within the team
- divide up some sessions and responsibilities to other members of the PRT
- lead the Peer Review Team towards a set of conclusions during the visit
- ensure that the members of the team complete the assessment documents before the end of the visit
- hold a meeting of the Peer Review Team, usually on the evening of the second/third day, during which the team agrees on its conclusions and recommendation
- run the debriefing for the Institution during the final meeting
- inform the EPAS Office urgently of any unusual incident that may disrupt the visit

Following the visit

- collect documentation made by the Peer Review Team relating to the satisfaction of the core criteria, in particular the EPAS Quality Profile and the EPAS Criteria Evaluation Form
- draft a first version of the report and circulate it to the other members of the team for comment
- send the revised report within 3 weeks of the visit to the EPAS Office, which will then edit the report and forward it to the Institution and invite their comments on the accuracy of the text
- accommodate changes to the report where necessary, in consultation with the other members of the Peer Review Team, if appropriate
- issue the final report to the EPAS Office for submission to the Institution and the Accreditation Board

6.7.5. Role of Reviewers from the World of Practice

The reviewer from the world of practice plays an important role in the Peer Review Team and provides a business and management perspective within the process by paying special attention to the value of all processes and outcomes to the international business community.

6.7.6. Role of Local Reviewers

The local reviewer is familiar with the local educational environment and can explain the contextual background of the Institution and programme for the benefit of the Peer Review Team. Normally he or she should speak the language of the country and is selected in agreement with the Institution under review. This is particularly important for initial accreditation reviews.

Further Information and Contacts

If you have any questions concerning the EPAS accreditation system, or would like to receive more information, please consult the EFMD website where all documentation is available to download:

<https://efmdglobal.org/accreditations/business-schools/epas/>

Alternatively, you can contact the EFMD Quality Services Office:

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