



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

At our 2009 Annual Meeting, we introduced an initiative to create a new pathway to accreditation that would enhance value, sustain rigor and diminish burden. We had a concept that we could render in a single schematic, on a one-page handout. We put nothing on the Web.

Nonetheless, you responded—with critique, enthusiasm, doubt, support, disagreement, advice, and above all, candor and insight. What we learned from you shaped much of the project as we report it in this booklet prepared for the 2010 Annual Meeting.

The Pathways is still a plan under construction. A number of details are yet to be addressed, and some of what is tentatively decided will surely change as we pilot the Open Pathway. We now have 14 institutions serving as Pioneers in a demonstration project, walking down this pathway even as we and they carve it together. We expect to learn much from their experience.

Your comments are still most welcome. We are especially interested in questions, so that we can construct an FAQ based on what those questions really are. I invite you to read through these pages, join the sessions at which we will discuss the plan (see the inside front cover), talk with the representatives of the Pioneer institutions (also listed on the inside front cover), buttonhole the staff with comments and questions, or write to us at [pathways@hlcommission.org](mailto:pathways@hlcommission.org).

Sylvia Manning  
President

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**\*\*\* CAUTION! THIS DOCUMENT IS A WORK IN PROGRESS \*\*\***

Follow the progress of the Pathways Project at [www.ncahlc.org](http://www.ncahlc.org) • Send comments to [pathways@hlcommission.org](mailto:pathways@hlcommission.org)

# Opportunities to Learn about Pathways at the 2010 Annual Meeting

Take advantage of these opportunities to learn about the Pathways Project at the Annual Meeting.

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## PEAQ Workshop on Self-Study

Saturday, 4:15 p.m.

### *Transitioning to Pathways, the Commission's Proposed New Model for Accreditation*

How will your institution transition to Pathways, the new accrediting model, after your upcoming self-study and PEAQ visit? How might your institution leverage the work of self-study to move into Pathways? This session presents an overview of the Pathways model, the planned timeline for development and implementation, and its impact on PEAQ, AQIP, and your transition. The session ends with an opportunity for comments and questions.

*Karen Solomon and Lynn Priddy, The Higher Learning Commission*

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## Program for Peer Reviewers

Saturday, 10:15 a.m.

### *Pathways, the Commission's Proposed New Model for Accreditation*

What will the accrediting process and peer review look like in a few years? In 2009, President Sylvia Manning introduced the initial plans for the Commission's new accreditation model. Since that time, HLC has launched a Demonstration Project with fourteen pioneer institutions to test the model and to assist in its development before phased-in implementation begins in 2015-16. This session presents an overview of the Pathways model, the planned timeline for development and implementation, and its impact on PEAQ, AQIP, and peer review.

*Lynn Priddy, The Higher Learning Commission*

## Program for Presidents and Board Members of Affiliated Institutions

Monday, April 12 • 12:00 – 1:15 P.M.

### *The Commission's Pathways Project: Conversation about a New Model for Accreditation*

Box Lunch Roundtable  
Preregistration Required

*Table Leaders: Presidents of Pioneer institutions*

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## General Program Presentations

Sun - 3:15 - 4:00 p.m. and  
Mon - 2:30 - 3:15 p.m.

### *Pathways, the Commission's Proposed New Model for Accreditation*

In 2009, President Sylvia Manning introduced the initial plans for the Commission's new accreditation model. Since that time, the Commission has launched a Demonstration Project with fourteen pioneer institutions to test the model and assist in its development before phased-in implementation begins in 2015-16. This session presents an overview of the Pathways model, the planned timeline for development and implementation, and its impact on PEAQ and AQIP.

*Lynn Priddy and Karen Solomon, The Higher Learning Commission*

Sun - 4:15 - 5:00 p.m. and  
Mon - 3:30 - 4:15 p.m.

### *The Open Pathway Model for Accreditation: Comments from Pioneer Institutions*

Designed to follow the preceding overview session on the Commission's new model for accreditation, this companion session features a panel of representatives from pioneer institutions that are participating in the Demonstration Project. Pioneer institutions are assisting the Commission in the construction and refinement of the new model, while simultaneously participating in the model for their own

upcoming accreditation reaffirmations. Panelists will share their experiences as pioneer institutions, including elements related to their institutional Improvement Projects. The session format also will offer time for audience questions and comments through interaction with panelists and Commission staff.

*Andrew Lootens-White, The Higher Learning Commission, and panelists from Pioneer institutions*

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## In the Exhibit Hall

Visit the Commission's booth in the Exhibit Hall. Talk to Commission staff and representatives of the Pathways Demonstration Project Pioneer Institutions.

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## Visit with Pathways Pioneers in the Hallways

Watch for this button.



### Pathways Pioneer Institutions

Aurora University (IL)  
Black Hills State University (SD)  
Bowling Green State University (OH)  
Butler Community College (KS)  
Case Western Reserve University (OH)  
Colorado School of Mines  
Cornell College (IA)  
Metropolitan Community College (NE)  
Mount Mercy College (IA)  
Pittsburg State University (KS)  
Saint Olaf College (MN)  
University of Arkansas-Batesville  
University of Wisconsin-Milwaukee  
Yavapai Community College (AZ)

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

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

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

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

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

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

The Improvement Process will thus be free to focus genuinely on institutional improvement. The process for most institutions will replace the traditional self-study with a “pathway,” a Quality Initiative the institution will undertake as something it elects to do for substantial institutional improvement. At the institution’s preference, the Improvement Process will begin with either a two-day campus visit or a Commission-facilitated forum. The Improvement Process will culminate in peer review at distance of the institution’s Quality Initiative Report. This review will be based on the measures defined by the institution in its Quality Initiative Proposal. The Improvement Process timeframe is flexible to accommodate the amount of time necessary to complete or make substantial progress toward completion of an institution’s Quality Initiative.

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

This Open Pathway seeks to achieve the following goals.

- To enhance institutional value by opening the Improvement Process for stable, healthy institutions so that they may choose Quality Initiatives to suit their current circumstances.
- To reduce the reporting burden on institutions by utilizing as much information and data as possible from existing reports and collecting them in electronic form as they naturally occur over time.

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

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

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

The Annual Institutional Data Update (AIDU) will continue as the Commission's annual electronic gathering of base data from affiliated institutions utilizing standard definitions such as those used in IPEDS reporting. The data are analyzed annually for financial and non-financial indicators of institutional well-being. This analysis may result in the requirement of additional reports or focused visits. All data requirements of the Commission are folded into the AIDU, which becomes part of the Evidence File (see below).

## **Eligibility for the Open Pathway**

The Commission determines whether an institution is eligible to participate in the Open Pathway or will be required to follow the Foundational Pathway. This determination is based upon factors from the institution's past relationship with the Commission, such as a history of sanction, and data from the Evidence File (see below). The Foundational Pathway is required for all institutions in the first ten-year period of accredited status and those that do not meet the conditions for the Open Pathway. An institution in the Open Pathway may lose its eligibility by failing to make a serious effort to conduct its Quality Initiative. The Foundational Pathway requires more intensive and more frequent reviews and operates in a five-year timeframe. The Foundational Pathway is described in a separate document.

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

## **The Assurance Process**

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

## **Evidence File**

The Evidence File is an accumulated electronic collection of materials and links periodically updated by the institution. With the exception of the Assurance Argument (see below), all of the mandated materials will have been created for other purposes that occur naturally during the normal operations of the institution.

## **Assurance Argument**

As the time for the Assurance Review approaches, the institution prepares an Assurance Argument to present the case that it (1) meets the Commission's Criteria for Accreditation and (2) complies with all federal requirements. The evidence for the case is drawn from the materials in the Evidence File, and the institution selects materials to be included for that purpose. The Assurance Argument provides a relatively brief, but thorough analysis of evidence.

## **Institutional Review File**

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

## **The Assurance Review**

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

For both Assurance Reviews, a peer review team reviews the Evidence File and the Institutional Review File and writes a preliminary report. In the fourth-year review, the team may confer with the institution by telephone or video and in exceptional circumstances may request a site visit to explore uncertainties in the evidence before producing the report. The Commission staff reviews the report, discusses it with the team as needed, and sends it to the institution for corrections of errors of fact. If there has not been a site visit requested by the team, the institution may request one if it believes that a site visit would provide additional evidence that would materially affect the recommendations of the team. The team revises the report as needed and submits its final report and recommendations. These recommendations are with regard to assurance that the institution continues to meet the Criteria for Accreditation and complies with the federal requirements.

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

## **The Improvement Process**

The Improvement Process consists of a major Quality Initiative that the institution undertakes. This process is required for continued accreditation in conjunction with the Assurance Process. The Improvement Process typically occurs once every ten years unless the institution requests an earlier date for its Quality Initiative or did not appropriately complete its most recent Quality Initiative.

## **The Quality Initiative**

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

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

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

The Improvement Process commences with the institution's proposal for its Quality Initiative, some years before the reaffirmation date. The Commission staff advises the institution in the development of its proposal, but final approval of the proposal requires peer review by the Commission. At the institution's preference this review may

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

When the proposal has been approved, the institution launches and conducts its initiative, to occur within a period determined by the Commission's Open Pathway Timeline and the particular characteristics of the Initiative itself. At the end, the institution prepares and submits a Quality Initiative Report, in the framework outlined in the approved proposal. A team of two or three peer reviewers evaluates the Quality Initiative Report at distance. When possible and at the request of the institution, the Commission will make reasonable efforts to retain the original Quality Initiative proposal reviewers to participate in the evaluation of the Initiative. The team prepares and sends a preliminary report to the Commission staff. The Commission staff reviews the report, discusses it with the team as needed, and sends it to the institution for correction of errors of fact. The team prepares its final report and recommendations. These recommendations are with regard to the Quality Initiative; for continued accreditation, they will be joined with the recommendations from the Assurance Review.

The Improvement Process should allow the institution to take risks, aim high, and if so be it, learn from only partial success or even failure. Therefore, although the reviewers will offer consultative advice on any germane aspect of the Quality Initiative Report, the evaluation of the Report will address only the good faith of the effort: the seriousness of the undertaking, the genuineness of commitment to and sustained engagement in the initiative, and adequate actual resource provision. The consequences in the Improvement Process may include a repetition of the Quality Initiative (on the same or a newly-proposed topic), a shortening of the decennial cycle for the next Improvement Process, or movement to the Foundational Pathway for the next cycle; the Improvement Process cannot result in a sanction.

## **Commission Decision-Making Processes**

The Commission staff brings together the reports from the Assurance and Improvement Processes and prepares a summary based upon the findings and recommendations from both. The reports from the Assurance and Improvement Processes, together with the staff summary, are reviewed for final action regarding the institution's accreditation status, including any follow-up requirements or sanction as recommended by the Assurance Review and any change in the cycle or pathway for the next Improvement Process as recommended by the Quality Initiative Review.

## **Public Disclosure**

The Commission will disclose, in abbreviated form, the results of assurance reviews. The format will be standard. The Commission will not disclose the Quality Initiative Report or any aspect of the Improvement Process.

## **Phase-in: Timeline**

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

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

### The Open Pathway

- The Open Pathway has two components: an Assurance Process and an Improvement Process. It typically has a 10-year cycle.
- The Commission determines whether an institution is eligible for the Open Pathway or is required to follow the Foundational Pathway.<sup>1</sup> Institutional history and experience in the Assurance and Improvement Processes inform this determination.

### The Assurance Process

#### Ongoing Assurance

- The institution files an Annual Institutional Data Update (AIDU).
- The Commission reviews financial and non-financial indicators annually and follows up as needed.
- The Commission conducts other monitoring as required through: substantive change approval processes, progress and monitoring reports, focused visits, and the five-year multi-site review process.

#### The Assurance Review

- Assurance Reviews are conducted in years four and ten of a ten-year cycle.
- Assurance is based on evidence that is stored electronically.
- The fourth-year Assurance Review typically takes place at distance, supplemented by telephone or video conferences as needed.
- In exceptional cases, the team may request a visit to explore uncertainties in the evidence. (The institution may request a visit if the team does not.)
- The tenth-year Assurance Review includes a visit.
- In both reviews, the team writes a report and recommendations.

#### Documents for the Assurance Reviews

- *Evidence File*: The Evidence File is an accumulated electronic collection of materials.
- *Assurance Argument*: The institution prepares a relatively brief document that presents the case that it complies with the Criteria for Accreditation and the federal requirements. The Assurance Argument is based on materials in the Evidence File.
- *Institutional Review File*: The Commission prepares an electronic collection of materials from the institution's Commission file.

### The Improvement Process

#### The Quality Initiative

- The institution designs a Quality Initiative to suit its own needs or chooses from a Commission menu of topics.
- The Quality Initiative may begin in years five to seven of the cycle and must conclude by year nine of the cycle.

#### Quality Initiative Proposal

- The institution develops a proposal for its Quality Initiative.
- Peer reviewers review the proposal. The institution may choose a campus visit or a Commission-facilitated workshop for the proposal review.
- The Proposal will include the institution's expected outcomes.
- Upon approval, the institution launches and conducts its Quality Initiative.

#### Quality Initiative Report

- At the conclusion, the institution prepares a Quality Initiative Report.
- A peer review team reviews the report, typically at a distance. An institution may choose to request a visit, involving, when possible, members of the original campus visit team.
- The team writes a report and recommendations.
- No sanctions can arise from the Quality Initiative.

### Commission Decision Making Processes

Panels of peer reviewers are provided the reports from the Assurance and Improvement Processes, together with a staff summary. Final action is taken regarding the institution's accreditation status, including any follow-up requirement, shortened cycle, or sanction as recommended by the Assurance Review, and any change in the cycle or pathway for the next Improvement Process as recommended by the Quality Initiative Results review.

<sup>1</sup> **The Foundational Pathway** is required in the first ten-year period of accreditation or when an institution is not eligible for the Open Pathway. It operates in a five-year timeframe and requires more intensive and more frequent reviews. The Foundational Pathway is described in a separate document. Institutions under sanction or show cause order are on a separate, heightened level of monitoring by the Commission and are not on either pathway.

# Charting the Cycle for the Open Pathway Model of Accreditation

This chart outlines the cycle for the major components of the Open Pathway—the Assurance Process and the Improvement Process. <sup>4</sup> The chart does not reflect any reports or focused visits that may be required by some component of the Assurance Process, by Commission policy, or by institutional change requests.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Assurance Process</b>	AIDU Filed	AIDU Filed	AIDU Filed	AIDU Filed	AIDU Filed	AIDU Filed	AIDU Filed	AIDU Filed	AIDU Filed	AIDU Filed
	AIDU Analyzed	AIDU Analyzed	AIDU Analyzed	AIDU Analyzed	AIDU Analyzed	AIDU Analyzed	AIDU Analyzed	AIDU Analyzed	AIDU Analyzed	AIDU Analyzed
	Institution may contribute documents to Evidence File			Assurance Argument	Institution may contribute documents to Evidence File			Assurance Argument		
				Assurance Review w/o Visit <sup>1</sup>	Institution may contribute documents to Evidence File			Assurance Review w/ Visit		
<b>Improvement Process</b>					Quality Initiative Proposal (window of opportunity to submit)					
					Quality Initiative Launch w/ Visit <sup>2</sup>					
							Quality Initiative Report (window of opportunity to submit)			
							Quality Initiative Report Review w/o Visit <sup>3</sup>			
<b>Commission Action</b>	Action on AIDU Results as Needed	Action on AIDU Results as Needed	Action on AIDU Results as Needed	Action on Assurance Review	Action on AIDU Results as Needed	Action on AIDU Results as Needed	Action on AIDU Results as Needed	Action on AIDU Results as Needed	Action on AIDU Results as Needed	Action to Reaffirm Accreditation

**Key**

AIDU = Annual Institutional Data Update

- Documents Filed Electronically by the Institution
- Review does not include a visit
- Review includes a visit
- Commission Actions

**Notes**

- <sup>1</sup> a visit may be requested by the team or the institution
- <sup>2</sup> the institution may elect a Commission-hosted group process in place of the visit
- <sup>3</sup> a visit may be requested by the institution
- <sup>4</sup> the chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

# FROM PEAQ TO THE OPEN PATHWAY: A TRANSITION CALCULATOR

This calculator allows institutions currently maintaining accreditation with the Commission through the Program to Evaluate and Advance Quality (PEAQ) to determine the timing of their transition to the Open Pathway. It assumes that the transition of eligible institutions will begin in 2012-13. The calculator should be used in conjunction with the document, “Charting the Cycle for the Open Pathway Model of Accreditation.” The right-most column below specifies the corresponding year in the cycle (year 1, year 2, year 3, etc.) that the institution will align with when transitioning to the Open Pathway.

For example, institutions with reaffirmation visits scheduled in 2016-17 will transition to the Open Pathway in 2012-13 and will be at year 6 in the Open Pathway cycle.

The calculator applies only to those institutions determined to be eligible for the Open Pathway. Some institutions will be placed on the Foundational Pathway, which has a different cycle.\*\* The AQIP Pathway will be unchanged, as will the qualifications and timing for institutions to join AQIP. Current AQIP institutions may elect to move to the Open Pathway at the conclusion of an AQIP cycle if they meet the qualifications for the Open Pathway.

Next PEAQ Reaffirmation Visit Scheduled	PEAQ Visit Actually Takes Place	Year the Institution Transitions to the Open Pathway	Place on Open Pathway Cycle at Transition
2009-10	2009-10	2012-13	Year 3*
2010-11	2010-11	2012-13	Year 2*
2011-12	2011-12	2012-13	Year 1
2012-13	2012-13	2013-14	Year 1
2013-14	2013-14	2014-15	Year 1
2014-15	2014-15	2015-16	Year 1
2015-16	n/a	2012-13	Year 7
2016-17	n/a	2012-13	Year 6
2017-18	n/a	2012-13	Year 5
2018-19	n/a	2012-13	Year 4*

\* The year 4 Assurance Review is waived for institutions in these transition years. Action may be taken on the year 4 AIDU Analysis as needed.

\*\* Institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway.

# The Foundational Pathway

## Pathways Accreditation Project

The Foundational Pathway is a Commission defined and directed compliance-based pathway that merges quality assurance and quality improvement into one process. The Foundational Pathway operates on a five-year cycle of close, structured monitoring. It requires at minimum annual monitoring of financial and non-financial indicators, an interim report, and a full self-study process and report and comprehensive evaluation that addresses the Criteria for Accreditation, the Federal Compliance requirements, and any other defined requirements and expectations of the Commission.

The Foundational Pathway is required for all institutions in the first ten-year period of initial accreditation.\* It also allows the Commission to attend to institutions with significant or urgent concerns in the accreditation relationship that the Commission determines do not meet the conditions for the Open Pathway or the AQIP Pathway. This determination is based upon factors from the institution's past relationship with the Commission, such as a history of sanction; data from the Evidence File; and failure to complete a previous Quality Initiative.

### Overview of the Foundational Pathway

In the Foundational Pathway, an institution must follow a Commission-defined Quality Assurance and Improvement Plan. As part of this plan, an institution completes a five-year sequence that includes annual monitoring of financial and non-financial indicators through the Annual Institutional Data Update (AIDU) and one or more interim progress reports. At the end of the five years, the Foundational Pathway culminates in a comprehensive, on-site evaluation that addresses the Criteria for Accreditation, Federal Compliance requirements, and any other defined requirements and expectations of the Commission.

In preparation for the on-site evaluation, the institution must conduct an in-depth self-study process and prepare a complete, evaluative self-study report. In some instances, the Foundational Pathway may require a special focus in addition to the comprehensive evaluation to address identified areas of deficiency.

### Placement onto and Exit from the Foundational Pathway

Initially, the Commission will place an institution onto the Foundational Pathway based upon factors from the institution's past relationship with the Commission and factors related to the current context and capacity of the institution. Subsequently, the appropriate decision-making group, based on recommendations from peer evaluations and Commission staff, will determine continuation on the Foundational Pathway or placement onto the Open Pathway.

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\* Non-affiliated institutions interested in pursuing status with the Commission begin with the eligibility process. Institutions seeking initial or continued candidacy or initial accreditation follow the Candidacy Pathway. Institutions under sanction or show cause order are on a separate, heightened level of monitoring by the Commission and are not on this or any other pathway.

Specific factors that determine initial and subsequent placement of an institution onto the Foundational Pathway are:

- Initial accreditation cycle and first continued accreditation cycle subsequent to initial accreditation
- Undergone change of control and ownership within the last ten years
- Sanction within the last ten years
- A history of extensive Commission monitoring, including multiple accreditation cycles shortened to seven or fewer years, multiple monitoring reports, and multiple focused visits extending across more than one accrediting cycle
- Three or more consecutive years of Commission action on the same financial or non-financial indicator
- Sudden and significant crisis in institutional dynamics, capacity, or context
- Failure on one or more Federal Compliance, eligibility, or other baseline measures of quality assurance
- Failure to demonstrate a good-faith effort in the Quality Initiative of the Open Pathway
- Collective judgment (Accreditation Relations staff or peer review group) based on institutional dynamics, capacity, or context

The reaffirmation process in year five determines whether the institution remains on the Foundational Pathway or moves to another pathway.

### **Foundational Pathway Cycle**

As of March 2010, a decision had not been made on the implementation date of the Foundational Pathway. At the earliest, transition to this pathway will begin in fall 2012.

<b>YEAR ONE</b>	<b>YEAR TWO</b>	<b>YEAR THREE</b>	<b>YEAR FOUR</b>	<b>YEAR FIVE</b>
AIDU Filed and Analyzed	AIDU Filed and Analyzed	AIDU Filed and Analyzed	AIDU Filed and Analyzed	AIDU Filed and Analyzed
Quality Assurance and Improvement Plan	The Commission-defined plan includes annual monitoring of financial and non-financial indicators, at least one interim report, and any other Commission-prescribed activities.  By year five, the institution writes a comprehensive self-study report that addresses the Criteria, Federal Compliance requirements, and all other defined requirements and contingencies of the Commission as defined in the Quality Assurance and Improvement Plan.			Comprehensive Evaluation (with visit) for Reaffirmation of Accreditation

## Pathways for Seeking and Maintaining Accreditation\*

A	Status	Initial or Continued Candidacy	Initial Accreditation	Continued Accreditation	
B	<b>Routes to Seek and Maintain Status</b>	<b>CANDIDACY PATHWAY</b>	<b>FOUNDATIONAL PATHWAY</b>	<b>AQIP PATHWAY</b>	<b>OPEN PATHWAY</b>
C	<b>Who Participates</b>	Required for all institutions seeking initial or continued candidacy or initial accreditation	Required for all institutions granted initial accreditation through the first ten years	All accredited institutions determined to require this pathway	All eligible institutions that elect to use this pathway and are admitted by a peer panel
D	<b>How Pathway Assures Compliance with Criteria, Federal Requirements, Other Commission Policies</b>	<ul style="list-style-type: none"> <li>• Two year cycle</li> <li>• Comprehensive self-study process and report</li> <li>• On-site evaluation visit</li> <li>• After two years, evaluation for continued candidacy or initial accreditation</li> <li>• Four year limit</li> </ul>	<ul style="list-style-type: none"> <li>• Five year cycle</li> <li>• Comprehensive self-study process and report</li> <li>• On-site evaluation visit</li> <li>• Quality assurance and improvement plan</li> <li>• Minimum of one interim report</li> </ul>	<ul style="list-style-type: none"> <li>• Seven year cycle</li> <li>• Periodic systems appraisals and quality checkup visit</li> </ul>	<ul style="list-style-type: none"> <li>• Ten year cycle</li> <li>• Assurance reviews in year four (no visit) and in year ten (with visit)</li> </ul>
<b>Annual Institutional Data Update (AIDU) Filing and Analysis</b>					
E	<b>How Pathway Encourages Improvement</b>	Follows standard Commission-wide practices on institutional change	Follows standard Commission-wide practices on institutional change	Follows standard Commission-wide practices on institutional change	<ul style="list-style-type: none"> <li>• Interim reports</li> <li>• Focused visits</li> <li>• Follows standard Commission-wide practices on institutional change</li> </ul>
F	<b>Role of Peer Reviewers</b>	Improvement is embedded with assurance	Improvement is embedded with assurance	Improvement focused action projects and strategy forums	<ul style="list-style-type: none"> <li>• Quality initiative in years 5-9</li> <li>• Project approval at beginning (with visit or Commission facilitated process)</li> <li>• Report review at conclusion (no visit)</li> </ul>
Corps of trained and experienced professionals serves as peer reviewers and decision makers in these processes					

\* Institutions under sanction or show cause order are on a separate, heightened level of monitoring by the Commission and are not on any of the Pathways described in this document.

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