We will ensure the confidentiality of data provided to EFMD and processed in the framework of the EFMD Programme Accreditation. In comparative benchmarking tools, the Institution’s data is only reported in aggregate, such that no individual Institution’s data is identifiable.

Learn more about our privacy policy at https://efmdglobal.org/privacy-policy/.
## LIST OF ACRONYMS

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<th>AB</th>
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Introduction: Key Facts

Here is an overview of the key facts regarding EFMD Programme Accreditation including documents, process stages, deadlines, and contacts.

Key documents

*Standards & Criteria*
This is the key document for EFMD Programme Accreditation explaining its Standards & Criteria divided into 5 Chapters, 18 subchapters, and 73 criteria. For all criteria questions are formulated that will guide the accreditation process and assist in preparing documents and conducting the peer review visit.

*Process Manual*
The major process steps are described in great detail from entry to the accreditation process to the maintenance of accreditation. Very useful when preparing for EFMD Programme Accreditation.

*Process Manual Annexes*
This includes all relevant guidelines, forms and policy documents. Used to clarify FAQ, e.g., ILOs, Internationalisation.

Key process steps
The key steps are explained in detail in this Process Manual:

- Stage 0: Enquiry
- Stage 1: Application for Entry
- Stage 2: Pre-eligibility
- Stage 3: Application for Eligibility
- Stage 4: Eligibility - *Pre-review Advisory*
- Stage 5: Self-Assessment - *Preparation of SAR and Base Room*
- Stage 6. Peer Review Visit - *Peer Review Report*
- Stage 7: Accreditation
- Stage 8: Continuous Improvement - *Progress Report*
- Stage 9: Re-accreditation

Key deadlines

*For the Process*
From Application to Entry to Eligibility: maximum 2 years
From Eligibility to Peer Review Visit: maximum 2 years
Accreditation Periods: 3 or 5 years

*For the Peer Review Visit:*
Self-Assessment Report, Student Report and Datasheet: 8 weeks before the visit
Schedule for Peer Review Visit: 4 weeks before the Visit

*For Reporting*
3 year accreditation: yearly reporting based on Areas of Required Improvement
5 year accreditation: midterm reporting based on Development Objectives

Key contacts (please check the website for specific contact info)

- General enquiry at efmdaccredited@efmdglobal.org (for initial contacts)
- Key Account Managers (office staff handling individual Institutions in the process)
- Director and Senior Advisors, EFMD Programme Accreditation (strategic questions on the process)
Chapter 1: Introduction to EFMD Programme Accreditation

EFMD Programme Accreditation\(^1\) – under the banner *EFMD Accredited* – is an international programme accreditation system. It aims to evaluate the quality of business and/or management degree programmes and to accredit those that meet its standards and criteria (see EFMD Programme Accreditation Standards & Criteria).

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

*Fig. 1: EFMD Programme Accreditation Framework*

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\(^1\) Formerly known as EPAS.
Key elements 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 (ILOs)
- 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 practice
- The extent to which the Programme promotes ERS
- The quality of Programme delivery and the use of digital technology
- The depth and rigour of the assessment processes
- 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

EFMD Programme Accreditation concerns those degree programmes in the field of business and management:

A. Bachelor or Licentiate
B. Graduate Diploma
C. Master
   a. Generalist (e.g., Master/MA/MSc in Management or French Grande Ecole Programme)
   b. Specialist (e.g., Master/MA/MSc in Marketing or Finance)
D. MBA (including EMBA programmes)
E. Doctorate
   a. PhD
   b. DBA

These programmes may also include other fields (e.g., societal, policy and technological aspects), but the core content (normally at least 50%) must be related to business and/or management.

Programmes can be delivered in a variety of modes (e.g., part-time, full-time, online, face-to-face, blended). Programmes run by a consortium of 2 or more institutions as a joint or double degree may also be considered for accreditation (see Annex 8 for details). Details for accreditation of doctoral programmes can be found in Annex 11.

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

Programme sets are treated as one Programme if the Institutions awards one exit degree or if the Institution awards the same level of degree (i.e., Bachelor, Master, etc.) for each variant of the Programme (i.e., Programme with a common core of at least 40% and specialisations to follow).
Chapter 2: Management of EFMD Programme Accreditation

EFMD Programme Accreditation benefits from the strategic support of the EFMD Programme Accreditation Committee, which considers whether programmes meet eligibility requirements and should subsequently be considered for accreditation, and the EFMD Programme Accreditation Board, whose purpose is to decide whether programmes should be accredited in light of the recommendations made by Peer Review Teams. Members of both the EFMD Programme Accreditation Committee and the EFMD Programme Accreditation Board are appointed by the Board of EFMD.

Fig. 2: Management of EFMD Programme Accreditation

2.1. The EFMD Board

The EFMD Board approves EFMD Programme Accreditation policy, standards and procedures based on the proposals submitted by the EFMD Programme Accreditation Office after consultation with the EFMD Programme Accreditation Committee. It appoints the members of the EFMD Programme Accreditation Board and the EFMD Programme Accreditation 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 21).

2.2. The EFMD Programme Accreditation Office

The EFMD Programme Accreditation Office is part of EFMD Quality Services. It manages the EFMD Programme Accreditation process and provides support services to Institutions whose Programmes are to be considered for accreditation or re-
accreditation. Office staff work as KAMs (key account managers) for Programmes in the accreditation process and are major contact points for all operational questions.

2.3. The EFMD Programme Accreditation Committee

The EFMD Programme Accreditation Committee, comprising experienced academics and representatives from the world of practice, advises the EFMD Programme Accreditation Office. All major decisions concerning policy, standards and procedures are submitted to the EFMD Programme Accreditation Committee for consideration. The EFMD Programme Accreditation Committee approves the Eligibility of programmes that are being put forward for accreditation. The Committee meets three times a year.

2.4. The EFMD Programme Accreditation Board

The EFMD Programme Accreditation Board comprises representatives (both senior academics and practitioners) of organisations seeking quality improvement in business and management education. It evaluates Peer Review Reports on programmes that are being considered for (re-)accreditation and makes the final decision whether or not to confer accreditation. The Board meets 5 to 6 times a year.

2.5. EFMD Programme Accreditation Peer Review Teams

Each Peer Review Team (PRT) is composed of four members with considerable experience in the delivery of business and management programmes (e.g., Deans or Programme Directors of EFMD accredited Programmes). Each team includes:

- The Chair of the Peer Review Team: an academic
- 2 academic representatives
- 1 representative of the world of practice.

In each team, it is intended that 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 under review.

The Peer Reviewers will provide their assessment in a Peer Review Report including a recommendation for accreditation to the EFMD Programme Accreditation Board, based on information provided by the Institution and discussions during the review itself.

All potential Peer Reviewers will be asked to confirm that there is no conflict of interest with the Institution concerned (see Annexes 18 and 19). The Institution needs to inform the EFMD Programme Accreditation Office as well if it is aware of any potential conflict of interest for any of the proposed Peer Review Team members.

2.6. EFMD Programme Accreditation Advisory Service

The EFMD Programme Accreditation Advisory Service is provided at both the Pre-Eligibility and Pre-Review stages of the process. Advisors are drawn from a pool of experienced members of Peer Review Teams and work on a voluntary basis.

Institutions seeking initial accreditation receive guidance and support from an advisor who acts as enabler in helping Institutions to manage their accreditation.
process more effectively, in producing accreditation documents with greater clarity and addressing development shortfalls requiring remedy prior to proceeding with the accreditation process.

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 Pre-Eligibility stage, in which case a different advisor will be appointed for the Pre-Review stage (i.e., following the granting of eligibility).

The estimated time commitment of an advisor will be a maximum of 3 days each in the Pre-Eligibility stage and the Pre-Review stage. Support will be provided remotely (e.g., via email, telephone, Zoom) primarily. Should a visit be considered useful, the Institution will be responsible for all travel and subsistence costs (see section 6.2.3). Advisors can help in explaining EFMD Standards & Criteria and give feedback to documents that need to be developed in the process. They are not asked to be proofreaders or editors in this process.

The advisor will submit a report to the EFMD Programme Accreditation office for consideration by the EFMD Programme Committee at the Pre-Eligibility stage and subsequently, for the PRT when the peer review is due to take place.

The Advisory Service is mandatory only in relation to initial applications to EFMD Programme Accreditation. For Institutions that have already one or more programmes holding the EFMD Accredited label or those holding EQUIS accreditation, the Advisory Service is optional.

2.7. Confidentiality and Conflict of Interest

By agreeing to participate in the EFMD Programme Accreditation process, all individuals involved (members of the EFMD Programme Accreditation 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 (see Annexes 18 and 19).

2.8. Special regulations for EQUIS Schools

EQUIS accredited Schools can enter the EFMD Programme Accreditation Process with two special regulations.

First, EQUIS Schools do not have to apply for eligibility; their programmes are automatically eligible for EFMD Programme Accreditation. Once a specific Programme has been jointly identified by the School and the EFMD Programme Accreditation Office, the School can enter the Self-Assessment phase. Advisory would be offered on a voluntary basis. The Application fee is waived.

Second, where an EQUIS accredited school already has an EFMD accredited programme, there is no need for a “Selected Programme” during the EQUIS re-accreditation process to be determined or assessed. The requirement is that the EFMD accreditation for that specific programme is still valid within its stated duration at the time of the EQUIS review. Further process details are described in Annex 23 of the 2023 EQUIS Process Manual.
Chapter 3: The EFMD Programme Accreditation Process

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

**Fig. 3: EFMD Programme Accreditation Process Flowchart**

EFMD Programme Accreditation is a continuous process of strategic development and on-going quality improvement. The average duration of the process, from initial enquiry to the accreditation decision, is typically 2 years.

**Fig. 4: EFMD Programme Accreditation Process Schedule**

The accreditation process comprises **NINE** distinct stages described in the following pages.
Stage 0: Enquiry

The enquiry stage starts with the first direct contact between the Institution and the EFMD Programme Accreditation Office and precedes the formal application process. It is an informal step in the process which may take place at EFMD events where EFMD Quality Services Representatives are present, or online. This stage has proven to be extremely important, and institutions are recommended to undertake it before submitting the official Application Form and Datasheet. The Institution's representatives should familiarise themselves with the EFMD Programme Accreditation process documents. It is helpful if the Institution has already attended one of the EFMD Programme Accreditation seminars and information sessions organised by EFMD.

After an initial conversation with a member of the EFMD Programme Accreditation Office, the Institution may be recommended, if appropriate, to complete a Draft Datasheet (see Annex 1), to be submitted via the online platform OX².

Stage 1: Application for Entry

In order to formally enter the EFMD Programme Accreditation process, the Institution must be an EFMD member in good standing and remain a member throughout the accreditation process and subsequent to having been accredited.

An Institution that wishes to enter the accreditation process sends an Application Form (see Annex 16) to the EFMD Programme Accreditation Office along with a (revised) Datasheet (see Annex 1).

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

Stage 2: Pre-Eligibility Advisory (for initial applicants)

The main focus at this stage is to address any developmental needs identified by the EFMD Programme Accreditation Office and to produce a final Datasheet with the help of an Advisor for consideration by the EFMD Programme Accreditation Committee.

The pre-eligibility period is not open-ended; Institutions are expected to submit their application for EFMD Programme Accreditation Eligibility within 2 years from the formal Application for Entry into the EFMD Programme Accreditation process. 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.

Stage 3: Application for Eligibility

The Institution applies for Eligibility by submitting the final Datasheet to the EFMD Programme Accreditation Office 4 weeks in advance of the target EFMD Programme Accreditation 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.

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² OX is EFMD’s Online Data Collection System.
and sets out the Programme’s principal strengths and any risks or concerns that have been identified. The report will also be shared with the Institution. Upon receipt, the final Datasheet is presented to the EFMD Programme Accreditation Committee for the Eligibility decision to be made.

The eligibility decision by the EFMD Programme Accreditation Committee will be based solely on the data provided in the Datasheet and the Advisor’s Pre-Eligibility Assessment Evaluation. No other material will be submitted to the Committee. It is therefore important that the Institution takes due note of the detailed feedback from both the EFMD Programme Accreditation Office and the Advisor before submitting the final version of the Datasheet.

Stage 4: Eligibility

The Eligibility Decision

The assessment of Eligibility will be based on the Committee’s judgement of the extent to which the Eligibility criteria (see Section 4 of this Manual) are complied with. The decision will be one of:

a) Eligible with no reservations
b) Eligible with reservations
c) Not eligible.

The outcome of the Eligibility decision will be communicated in a letter to the Institutions giving details about the decision. The Advisor will be informed about the decision as well. The Institution can present an Appeal against the decision on Eligibility according to the established Appeals procedure (for details, see Annex 21).

EFMD Programme Accreditation 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 EFMD Programme Accreditation Office that will then review the case and, if necessary, consult the EFMD Programme Accreditation 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

A favourable Eligibility decision is not to be interpreted in any way as a predictor of a favourable outcome of the accreditation process. The Institution should aim for tangible developmental progress prior to the peer review taking place, especially in cases where the EFMD Programme Accreditation Committee has expressed reservations.

An Institution that receives a positive eligibility decision is expected to communicate its plans to the EFMD Programme Accreditation Office for the remainder of the EFMD Programme Accreditation process within 2 months of the decision, 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 period the Peer Review Visit must take place. 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 EFMD Programme Accreditation Committee within 2 years of the initial decision.

Institutions re-entering the EFMD Programme Accreditation process within 2 to 5 years from a negative Eligibility decision or after Eligibility has expired, should provide a Progress Report together with an Application Form and Datasheet. 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 will be due.

**Stage 5: Self-Assessment**

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 *EFMD Programme Accreditation Standards & Criteria* document in accordance with the Guidance for Self-Assessment in Section 5 of this Manual.

The Self-Assessment Report should contain factual information in line with EFMD Programme Accreditation Standards & Criteria and be critically self-reflective concerning areas requiring further development and future prospects and plans. Needs for documentation are specified in the EFMD Programme Accreditation Standards & Criteria. The use of hyperlinks needs to be the exception. The page limit should be observed as a limit, not a target. Overall, the SAR should be a self-sustained text that enables peer reviewers to prepare effectively.

Should a Self-Assessment Report be considered inadequate as a preparation for the Peer Review or if it is delivered too late, the EFMD Programme Accreditation Office may decide to postpone the visit. In this situation, any additional costs incurred 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 EFMD Programme Accreditation 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. Following initial confirmation by the EFMD Programme Accreditation Office, the Institution should send the three documents (SAR including annexes, Datasheet and Student Report) to the PRT six (6) weeks in advance.

The SAR should be a maximum of 100 pages in length (including annexes and regardless of the number of programmes under review). It should be provided to the Office and Peer Reviewers in electronic (PDF) and, upon request, in hard copy format in due course.

The SAR should be reflective and self-critical. It should be based on major facts and figures and use an Appendix where needed. The basis for producing the SAR should be the EFMD Programme Accreditation Standards & Criteria. There are questions formulated for all S&C which can be used as guidance for the text. It is recommended to answer as many of those questions as possible keeping in mind that not all are equally relevant.

**Stage 6: Peer Review Visit**

A team of Peer Reviewers will make an assessment of the applicant Programme’s standing against the EFMD Programme Accreditation Standards & Criteria and will provide recommendations for its 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 EFMD Programme Accreditation Office to schedule the Peer Review. This 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. The review should take place at a time when the applicant Programme(s) is/are taking place.

The date of the Peer Review will be agreed between the Institution and the EFMD Programme Accreditation Office. **Rescheduling is only permitted for unforeseeable and major causes** and will most likely lead to a considerable delay in the accreditation process. The Institution will have to cover any and all expenses incurred by the PRT members as a result. In addition, the Institution will be charged an EFMD administration fee (see Annex 22: EFMD Programme Accreditation Fee Schedule).

The EFMD Programme Accreditation 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
- it is evident that the Programme(s) do not meet the eligibility criteria as set out in the EFMD Programme Accreditation process core documents; or
- the review is not conducted in an orderly manner (even in cases where the Peer Review has already commenced), with the explicit agreement of the EFMD Programme Accreditation Office, the Chairperson and another member of the PRT.

A template for the review schedule will be sent to the Institution by the EFMD Programme Accreditation Office well in advance of the agreed date. **Four (4) weeks** before the Peer Review, the Institution should send the EFMD Programme Accreditation Office a proposal for the schedule of the review (see Annex 4 for a template schedule). Changes may be proposed. Schedules need to be adapted in cases of collaborative or multi-campus delivery in accordance with the EFMD Programme Accreditation Office. In case of online Peer Review Visits (OPRs) special requirements apply (see Annex 5).

The composition of the Peer Review Team (PRT) is proposed by the EFMD Programme Accreditation Office and agreed by the applicant Institution (see Section 2.5).

The Peer Review lasts from 1.5 to 2.5 days depending on the number of programmes being considered. Slightly different timing applies to online peer reviews (see Annex 5). During the final session, the Chair presents to the leadership of the Institution the Peer Review Team’s preliminary conclusions and recommendations for quality improvement. 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 being provided.

The Peer Review Report sets out the PRT’s final assessment of the Programme(s) against the EFMD Programme Accreditation 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 provide advice for further improvements to the Programme and will be considered by the Accreditation Board.
Once agreed by the PRT, the Chair will send the Report to the EFMD Programme Accreditation Office for final editing. The draft report will be sent to the Institution within 6-8 weeks of the Peer Review for confirmation on factual accuracy. Any factual errors will then be corrected by the PRT Chair in liaison with the EFMD Programme Accreditation Office. The final version of the report will be returned to the Institution which will then be asked to give formal authorisation to the EFMD Programme Accreditation Office for the report to be submitted to the EFMD Programme Accreditation Board.

Stage 7: Accreditation

With the formal agreement of the Institution and payments towards EFMD Quality Services, the Peer Review Report containing the recommendation of the Peer Review Team is submitted to the Accreditation Board (AB) for their decision on accreditation. The AB’s decision will be communicated (normally by telephone) to the Institution within 24 hours of the meeting. The Institution will thereafter receive a letter from the Chair of the AB formally communicating the accreditation decision and specifying any Areas of Required Improvement related to that decision. The Advisor who supported the Institution in the pre-review period will also be informed.

The Institution can present an Appeal against the decision according to the established Appeals procedure (for details, see Annex 21).

The decision will be one of:

- **5-year Accreditation**
  Programmes that meet the majority of the EFMD Programme Accreditation quality standards will be awarded accreditation for a period of five years. This means that these Programmes are assessed as meeting standards in practically 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. Based on this 5-year accreditation, the Institution is asked to suggest 3 Development Objectives (DOs) for which a mid-term report will have to be submitted (see Stage 8 below).

- **3-year Accreditation**
  Programmes satisfying all EFMD Programme Accreditation standards except in a small number of areas are awarded accreditation for a period of three years. The AB will normally specify 3 areas for required improvement (ARIs) for the next accreditation cycle. To maintain accreditation, these Programmes must demonstrate annual progress on the prescribed ARIs (see Stage 8 below).

- **Non-Accreditation**
  Programmes that are below the EFMD Programme Accreditation standards in certain respects will be denied accreditation. The AB will specify a number of improvements required before re-submission for accreditation can be considered.

The AB has the authority not to follow the recommendation of the Peer Review Team in all cases.

A Programme that has been denied accreditation (or has withdrawn before the AB meeting) loses its eligibility status. The Institution can choose to restart Stage 1 immediately. However, it cannot re-apply for Eligibility for the same Programme within
2 years of the AB decision (or date of withdrawal). The Institution may apply before the
2-year waiting period with a different Programme as long as the reason for non-
accreditation was based at the Programme level and not institutional level. The
Institution also has the option to appeal the decision (see Annex 21 for details) or to
be put on deferral (see Stage 9 below).

Institutions re-entering the EFMD Programme Accreditation 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 Application Form and Datasheet. The report should convincingly
demonstrate that the Institution has overcome the weaknesses outlined in the AB
decision 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 EFMD Programme
Accreditation 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.

After accreditation

An Institution that is awarded accreditation for one or more of its Programmes must
abide by the EFMD Programme Accreditation Publicity Policy (see Annex 20).

The Institution must report any changes to the Institution or the Programme that
might lead to a loss of eligibility (e.g., financial issues, national standing, major
curricula changes, and student intake numbers falling below the required
minimum). In exceptional cases, the EFMD Programme Accreditation Office may
consult the AB for advice on whether it would be appropriate to change the date
of the Programme’s re-accreditation (see Annex 9: EFMD Programme
Accreditation Policy on Major Re-Structuring of an Accredited Programme).

Note that the names of all EFMD Accredited Programmes (and their Institutions) 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

Quality improvement is an essential element of the EFMD Programme Accreditation
process. All institutions within the EFMD Programme Accreditation system are
required to actively pursue a Programme development plan – either as agreed with the
EFMD Programme Accreditation Office (5-year accreditation) or as determined by the
AB (3-year accreditation). The subsequent Progress Reports and feedback provided
by the EFMD Programme Accreditation Office are important documents in the re-
accreditation process of the Programme(s).

The AB may deny re-accreditation if the Institution has provided insufficient evidence
in addressing the Areas of Required Improvement and inadequate tangible progress
has been achieved.
• **For programmes accredited for a 5-year period**

In the two months following the award of 5-year EFMD Programme Accreditation, the Institution should select three Development Objectives to be pursued during this period. The selection of these objectives should normally be based on the recommendations of the Peer Review Team in its Report. The Institution may, however, select other objectives as long as a convincing rationale is presented. They should be short statements (1-2 sentences) of intended activities to improve the quality of the Programme. Concreteness and measurability are important factors to consider. The selected objectives will be sent to the EFMD Programme Accreditation Office for approval.

Institutions receiving 5-year Accreditation will be expected to submit electronically a midterm Progress Report to the EFMD Programme Accreditation Office within 30 months of the accreditation decision. The length of the report should not exceed 8 pages for 1 programme and 12 pages for 2 programmes excluding any appendices. The report will describe clearly and succinctly the progress made on the achievement of the agreed objectives and the EFMD Programme Accreditation Office will provide feedback.

• **For programmes accredited for a 3-year period**

Institutions receiving 3-year accreditation are obliged to accept as their strategic development objectives the Areas of Required Improvement as specified by the AB. They are then required to submit electronically annual Progress Reports to the EFMD Programme Accreditation Office within 12 months and then 24 months of the accreditation decision. The length of the report should not exceed 8 pages for 1 programme and 12 pages for 2 programmes excluding any appendices. The first year report may contain plans to address the Areas of Required Improvement; the second year report must include initial tangible results of the progress achieved in the two years and reflections on the impacts of the actions that have been taken.

These Progress Reports are considered important documents in the re-accreditation process. The relevant form (see templates in Annex 17) must be used, and in addition to commentary on the various Areas of Required Improvement or Development Objectives, strategic developments and major changes (e.g., new leadership, environmental factors) within the Institution and/or the Programme should be covered.

In exceptional circumstances, when an Institution holding a 3-year accreditation fails to provide a Progress Report on time or when the evaluators consider that overall progress is markedly ‘Below Expectations’, the EFMD Programme Accreditation Office may make a case to the AB for the withdrawal of accreditation at its next scheduled meeting.

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 for the subsequent 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

An Institution is invited to apply for Programme re-accreditation approximately one year before its accreditation expires. At his time, the Institution must send an Application Form (see Annex 16) together with an updated Datasheet (see Annex 1) to the Office.

Institutions applying for re-accreditation are subject to the same fees as Institutions undergoing their first accreditation (see Annex 22) with the exception of the Eligibility Fee.

The re-accreditation process is substantially the same as for initial accreditation. Institutions seeking re-accreditation must initially send the Self-Assessment Report (SAR), including any annexes, the Student Report and an updated Datasheet to the EFMD Programme Accreditation 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

The SAR for re-accreditation should be drafted in accordance with the guidelines in Section 5 of this Manual and should cover the EFMD Programme Accreditation Standards & Criteria document. It should include a comprehensive update on the progress since the last accreditation. Each chapter has to 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. Further actions that are taking place and/or are being contemplated in terms of on-going development can be an important component in addition.

The SAR should be written with careful reference to the observations and recommendations contained in the previous Peer Review Report, describing the progress towards achieving the agreed Development Objectives or the Areas of Required Improvement. Reflections on the impacts of actions taken and implications for further developments should be included.

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.

Peer Review

While the organisation of the Peer Review will be similar to that of the initial accreditation, the focus of the Peer Review Visit will differ somewhat. While it remains important to establish how well the Programme continues to satisfy the full range of EFMD Programme Accreditation Standards & Criteria, particular emphasis will be placed on changes that have occurred and progress that has been made since the previous review. 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 thoroughly check progress in the Areas of Required Improvement specified by the EFMD Programme Accreditation Board.

Deferral Policy

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:

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 EFMD Programme Accreditation Board (AB) meeting to which the Report would otherwise have been submitted.

2. If the AB makes a negative decision, the Programme will be automatically placed on Deferral and it will not be removed immediately from the list of accredited programmes.

3. If deferred, the Institution will be given the option to decide (within a maximum of 2 months of the AB decision) if it will accept non-accreditation or if it will aim for another full Peer Review Visit (PRV) to take place within a year. This PRV will require the preparation of a new Self-Assessment Report and will involve a new PRT. The date of the Peer Review should be agreed as soon as the Institution makes a decision in this respect.

4. The Institution can appeal the decision based on EFMD Appeals Procedures (see Annex 21 for details).

5. No Application Fee (see Annex 22: EFMD Programme Accreditation 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 Peer Review 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., no further deferral period or appeal will be allowed) 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 period of 6 months after the AB decision.
Chapter 4: Eligibility Guidelines

4.1. EFMD Programme Accreditation Eligibility Criteria

EFMD Programme Accreditation 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 a clear international perspective. The Eligibility criteria for EFMD Programme Accreditation therefore consider both institutional and programme dimensions.

Item 1. Institutional status and reputation:
The Institution must a) be an EFMD member in good standing; b) be of higher education status or level; c) have been in operation for at least 5 years; d) have a strong national and preferably international reputation, and e) be financially viable such that it is able to offer its programmes on a sustainable basis.

Item 2. Faculty:
The faculty (core, adjunct and visiting faculty) must be of a size and be qualified appropriately for the level of the Programme(s) under consideration. A significant number are likely to hold doctorates and the faculty mix should have appropriate 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, academic research) at a level of academic depth appropriate of the level 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 the Bachelor (or equivalent) level or above.

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 Bachelor and 1 year full-time for Master programmes). The Programme content must
have appropriate academic depth and rigour matching the level of degree.

Item 6. **Credibility and sustainability:**

The Programme should have been producing graduates for at least 2 cohorts (over at least 2 years). There must have been a minimum aggregate of 30 graduates from the Programme in the 2 years prior to the date of EFMD Programme Accreditation application.

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

There should be a minimum cohort size of 20 students for all Programmes and for each mode of delivery and intake. This minimum must be maintained throughout the accreditation process.

Item 8. **International perspective:**

The Programme must provide students with an international learning experience. This is likely to require an international/multicultural mix of students (including 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 world of business and management practice, which is likely to require appropriate practitioner input to the Programme (i.e., depending on the nature of the Programme) and the opportunity for work-based learning (e.g., projects, internships). Students are expected to 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 expectations of managing a modern organisation.

The perceived ability to meet the EFMD Programme Accreditation Standards & Criteria is the key factor for the Committee in making its decision on eligibility. Therefore, the Programme must have a reasonable prospect of satisfying the EFMD Programme Accreditation Standards within 2 years of being declared Eligible.

(Additional Eligibility criteria apply to Doctoral and Joint/Collaborative programmes – see Annexes 11 and 8.)

Institutions must continue to meet the Eligibility criteria during the eligibility period and the period of accreditation. They must inform the EFMD Programme Accreditation Office about any development that may affect their eligibility status and whether they no longer meet the Eligibility criteria. Their case will
then be considered by the EFMD Programme Accreditation 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 EFMD Programme Accreditation Office.
Chapter 5: Guidance for Self-Assessment

5.1. The Self-Assessment Process

The overall Self-Assessment process will take at least 6 months. The EFMD Programme Accreditation 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:

- **Responsibilities**

  If possible, the Institution should appoint an Accreditation Project Leader and an accreditation task force of key stakeholders to manage the process and draft the report.

- **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. Effective communication 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 self-critical manner. 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.

- **Methodology and Planning**

  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 circumstances but in all instances early development is advised. 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 accreditation criteria in a self-critical manner.

  - **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 related to the 5 Standards & Criteria of EFMD Programme Accreditation.

  - **Objectivity and balance**: the Self-Assessment exercise should result in a balanced statement of current strengths and weaknesses, opportunities and threats (SWOT) and a determination of the action needed to address these issues.

  - **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 with a view to learning from different perspectives, improving communication and gaining commitment.
5.2. The Self-Assessment Report

The Self-Assessment Report (SAR) should be based on the EFMD Programme Accreditation Standards & Criteria document. This document lists questions for each Standard that should be addressed (where appropriate) in the SAR, describes documents that should be included in the Self-Assessment Report and lists documentation for the online Base Room.

The Standards & Criteria are grouped into five chapters in accordance with the EFMD Programme Accreditation Framework (see Section 1):

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

5.2.1. The Main Body of the SAR

The SAR should lead to a conclusion in which the Institution makes a case for accreditation for the applicant Programme(s). The report should be self-critical, fact-based and should demonstrate how the Institution has addressed existing weaknesses and its plans and actions for future development. Delivering a promotional document should be avoided at all costs, as this will force the Peer Review Team to focus on fact finding rather than on providing qualified advice.

The report should be a unified piece of work, rather than a collection of separate individual reports. The SAR should be maximum of 100 pages in length (including annexes and supporting documents) with a font size not smaller than Arial 10 or equivalent. Clear references to annexes and Base Room materials are needed. Questions for the Standards & Criteria serve as guidance for developing the text and should be addressed as closely as possible and where appropriate.

If more than one programme is to be assessed, then chapters 1 and 5 would normally be common to both programmes and chapters 2, 3 and 4 would be written specifically for each programme.

a. Cover Page

The cover of the SAR should clearly state the full name of the Institution, the name of the Programme(s) under review, the date of submission to the EFMD Programme Accreditation 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 SAR 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 SAR should follow the five chapters of the *EFMD Programme Accreditation Standards & Criteria* document. It should be noted that the EFMD Programme Accreditation criteria are generally phrased in the form of questions which should be interpreted against the level of the Programme which is to be reviewed: some questions will be more relevant than others, depending on circumstances. Supporting facts are welcome in the SAR.

5.2.2. **Annexes and Supporting Documents**

Annexes should be limited to materials strictly necessary for a proper understanding of the report and should not lengthen the SAR beyond the specified maximum 100 pages. Detailed information concerning annexes in the SAR and supporting materials in the Base Room is provided at the end of each chapter in the *EFMD Programme Accreditation Standards & Criteria* document.

5.2.3. **Student Report**

The SAR should be accompanied by a report (6-10 pages) compiled by a representative group of students (including exchange students as appropriate). The Student Report should be compiled by the students independently (i.e., without involvement of or input from the Institution’s leadership). A template is provided in Annex 3. If an Institution puts forward two programmes for (re-)accreditation, there should be two separate student reports, one per programme.

The Institution should ensure that some of the students involved in the compilation of this report are present during the PRT’s meeting with students.

5.2.4. **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 (PRV).

5.2.5. **Distribution of the Self-Assessment Report**

The final version of the SAR and accompanying documents (Annexes, Student Report and updated Datasheet) should be sent electronically by the Institution to each member of the PRT, once approval has been given by the EFMD Programme Accreditation Office. (PRT members may request hard copies in addition.) These documents should also be sent to the EFMD Programme Accreditation Office in electronic copy only.
Chapter 6: Guidance for Peer Review

6.1. Introduction

The EFMD Programme Accreditation Committee requires that applicant Programme standards should be of demonstrably high quality and worthy of international recognition. 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 (PRT) and
- the EFMD Programme Accreditation Board.

6.1.1. Composition of the Peer Review Team

Each PRT 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 comprises:

- A Chair: an academic (Dean or equivalent)
- Two academic members (Dean, Associate Dean or Programme Director)
- One member from the world of practice or professional association

While the working language of EFMD Programme Accreditation is English, every attempt will be made to include a local language speaker within the PRT and one academic reviewer who is familiar with the local educational environment. Additionally, at least one member should have specialist knowledge of the specific subject matter of the applicant Programme.

The proposed composition of the PRT can be reviewed by the Institution and any potential conflict of interest can be raised. In such circumstances, the Institution should inform the EFMD Programme Accreditation Office immediately.

In exceptional circumstances, the Institution may be asked to accept a PRT with a minimum composition of just 3 members.

Each PRT member will have signed a general confidentiality agreement with respect to the information provided concerning the review, giving their agreement to conform to the Conflict of Interest Policy (see Annexes 18 and 19). In accepting an invitation to take part, each team member commits to being present throughout the entire review.

It should be noted that Peer Reviewers volunteer their time on a pro bono basis but will claim reimbursement from the Institution for travel and accommodation costs related to the review. The Institution should settle reimbursement within four weeks of receipt of such claims.

It is not appropriate for individual Peer Reviewers, once assigned to an Institution’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**

The main objectives of the Peer Review are to:

- Make an overall assessment of the Programme(s) against the EFMD Programme Accreditation Standards & Criteria
- Provide recommendations for future development and quality improvement.

In doing so, the PRT will:

- Engage in a constructive dialogue with the Institution
- Seek additional information as necessary in order to establish a comprehensive understanding of the Programme
- Confirm and/or challenge the main issues raised in the SAR.

In carrying out EFMD Programme Accreditation 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, for example:

- Thorough preparation by the Institution through the production of the SAR and accompanying materials
- Comprehensive base room material supporting the SAR
- Careful reading of submitted materials by the PRT
- Open discussions between the PRT and the key stakeholders of the Programme
- Disclosure of any conflict of interest
- Confidential treatment of facts and figures
- Professional and respectful feedback to the Programme leadership after completion of the PRV.

6.2. **Preparation for the Peer Review**

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 EFMD Programme Accreditation Office:

**General documents:**
1. Names and addresses of the members of the Peer Review Team
2. EFMD Programme Accreditation Standards & Criteria
3. EFMD Programme Accreditation Process Manual and Annexes

**In the case of initial accreditation visits:**
4. Eligibility letter, highlighting any reservations concerning the applicant Programme on the part of the EFMD Programme Accreditation Committee
5. The Advisor's Pre-Review Assessment Evaluation

**In the case of re-accreditation visits:**
6. The report of the previous PRT, as presented to the Accreditation Board
7. The letter setting out the Accreditation Board's decision
8. The Progress Report(s) from the previous accreditation period, including feedback of the EFMD Programme Accreditation Office.
The following documents will be sent to the PRT by the Institution:
1. SAR and Annexes
2. Updated Datasheet
3. Student Report

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

The Institution should send the SAR (including annexes), Student Report and Datasheet initially to the EFMD Programme Accreditation Office at least 8 weeks before the start of the Peer Review. Upon confirmation by the EFMD Programme Accreditation Office, the Institution will send the documents to the PRT at least 6 weeks before the Peer Review.

Each PRT member will study the SAR carefully before attending the Briefing Meeting called by the Chair prior to the Peer Review. 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 EFMD 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/risks/opportunities facing the Programme clearly formulated?
➢ Does the Institution clearly outline its plans in respect of these?
➢ What preliminary assessment can be formulated against the main EFMD Programme Accreditation criteria?
➢ What are the main issues that will require careful analysis during the review?

Agreement will be reached by the PRT concerning the conduct of the review (e.g., in terms of the chairing of individual sessions).

6.2.3. General Logistics

For physical Peer Review Visits, the Institution is expected to make all necessary arrangements for accommodation and local transport for the PRT. The Project Leader should therefore liaise directly with the EFMD Programme Accreditation Office to confirm the travel arrangements for the members of the team. For online Peer Reviews (OPRs), the Institution is expected to organise the respective digital infrastructure for the review.

Peer Reviewers normally arrange their own travel, in economy class when flights are necessary, but in business class in flights lasting 5 hours or more. (Institutions may wish to make these arrangements on behalf of PRT members in certain circumstances and if travel costs exceed €1,000, Reviewers can request the Institution to make the necessary booking.)

Peer Reviewers are advised to book their flights at the earliest opportunity in order to minimise costs. Reviewers should seek approval from the Institution before ticket purchase, copying the EFMD Programme Accreditation Office. They should endeavour to keep costs as low as possible (a maximum of €6,000 is envisaged).
Institutions are expected to cover travel insurance costs in addition, if not provided by the Reviewer’s home institution.

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 such cases, Peer Reviewers are advised to arrive two nights before the start of the PRV in order to overcome jet lag effects.)

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. Any and all other expenses that are incurred and that are not directly related to the PRV are the responsibility of the PRT members.

The schedule for the visit, which varies between 1.5 and 2.5 days, will be very tight, so maximum use of the time is essential. Slightly different timing applies to online peer reviews (see Annex 5). Formal presentations are to be avoided. The names and roles of those present should be made available to the PRT.

Should the Institution decide to cancel or postpone the Peer Review, 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 22: EFMD Programme Accreditation Fee Schedule).

6.2.4. The Base Room

All supporting facts for EFMD Programme Accreditation need to be made available in an online Base Room. The Institution should therefore pay close attention to providing all necessary and complementary information in an accurate and timely manner. Accessibility/ease of navigation is essential.

The Institution needs to make available an online Base Room two weeks prior to the PRV. All documents supporting the SAR should be available in the Base Room. EFMD abides by the GDPR policy3; 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 online Base Room and which documents need to be in English can be found at the end of each section in the EFMD Programme Accreditation Standards & Criteria document and is summarised in Annex 2. As a general rule, the Institution should be prepared to provide all accreditation relevant documents in English. On exception, English summaries, translated documents or documents in the native language are acceptable.

6.3. Setting up the Schedule

The standard templates for reviews covering one and two programmes are set out in Annex 4 and in Annex 5 for online reviews. Deviations should be explicitly justified when submitting the draft schedule and will only be accepted in exceptional circumstances. In all cases, the final visit schedule will be agreed between the

3 See https://efmdglobal.org/privacy-policy/.
Institution and the EFMD Programme Accreditation Office following review of initial drafts. The visit schedule should clearly indicate the names and titles/roles of all the participants so that the EFMD Programme Accreditation Office can evaluate the appropriateness of their inclusion. The Institution must send the first version of the draft schedule to the EFMD Programme Accreditation Office four (4) weeks before the date of the Peer Review.

Institutions shall not contact members of the PRT regarding the schedule. The draft schedule should not be sent to the reviewers. The EFMD Programme Accreditation Office will send them the final schedule once it has been agreed with the Institution.

As a general principle the PRT 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 review schedule should attend. Audio or video recording of the interviews and feedback session is strictly forbidden.

6.4. The Peer Review

During a peer review, time should be spent in addressing questions related to EFMD Programme Accreditation Standards & Criteria. A short presentation (5 minutes maximum) may be made by the Programme Director to introduce the Programme to the PRT. No other presentations should be planned.

6.4.1. Preparation by the PRT

As noted, the time available for the review is extremely limited and the PRT needs to be conscious throughout of the role of each session in the overall assessment process. Thus:

- Preparation is key
- Additional required information should be requested in advance as if possible
- PRT members should be working towards the overall assessment and need to crosscheck facts and complete the Quality Profile (see Annex 14).
- Key findings and assessment will go in the final report.
- The Criteria Evaluation Form (CEF) can be used to guide questions and assessment (see Annex 15).

6.4.2. Meetings before and during the Visit

6.4.2.1. Briefing meeting of the Peer Review Team

The work of the Peer Review Team will begin with an online meeting to get acquainted and to discuss first impressions from the materials and the Base Room (2 weeks before the visit). Additional need for data and information will be collected and communicated to the Institution. Then, the evening before the first day of the visit the PRT will meet again to make final arrangements for the visit (adjustments apply for Online Peer Reviews, see Annex 5).

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.

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

The review will commence with a meeting with the Senior Management Team. The Dean should only attend this first session and the final debriefing session.

This initial session provides an opportunity for the Institution to describe its current situation and explain how the applicant Programme(s) fit(s) the Institution’s overall mission and strategic portfolio. Critical concerns and aspirations can usefully be aired in order to guide the PRT’s subsequent interactions during the review. This meeting should not be used for promotional purposes. **There should be no formal presentation during this session. A short introduction (5 min.) about the Institution and/or the Programme is acceptable and needs to be coordinated with the Chair of the PRT.**

While a review of the Institution as a whole can provide useful context, the focus is on its ability to sustain delivery of the Programme at a high quality level for potentially the next 5 years. Initial sessions should also establish the level of support for the Programme.

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 PRT to reflect on how faculty resources are managed including 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 focused discussion can take place.

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. All programmes should have clear objectives and stated Intended Learning Outcomes (ILOs). The PRT will need to establish how effectively the Institution’s professed quality assurance processes actually operate for the Programme(s) under review. The operations of the Programme should also be evaluated to ensure that it is likely to fulfil the stated objectives and ILOs.

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 degree or equivalent, to be sufficiently scholarly in their subject area and to be able to blend theory and practice.
For those teaching on the first two years of a general Bachelor 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 Master programme (e.g., Master in Accounting, Finance or Marketing,) almost all faculty should hold a relevant doctorate and be active in research. At MBA level, it is important that faculty show the relevance to management participants of their subject matter, applying theory to practice. At doctoral level, the faculty involved should be recognised as experts in their subject area, as demonstrated by their academic publications and research activity.

Some programmes may be delivered primarily by visiting/adjunct faculty and this is acceptable in the EFMD Programme Accreditation model. However, the PRT will need to be convinced that the Programme design and delivery are coherent and that the students are able to receive appropriate support throughout the Programme.

In order to better understand the teaching ethos and processes for the Programme, the EFMD Programme Accreditation process aims to link teaching materials and samples of student work made available in the Base Room directly to the faculty with whom the PRT meet. The Institution should make the selection on the basis of:

- providing broad subject coverage within the Programme
- those with major teaching contributions to the Programme
- a good mix of senior and junior faculty
- a good gender and cultural balance
- those with good facility with the English language.

Even for programmes that are primarily delivered by visiting faculty, they should be available for interview by the PRT.

To facilitate review of courses that make up the Programme (including content, academic depth, teaching methods and the appropriateness of the assessment regime), Base Room materials (see Annex 2) should at a minimum be provided for the courses taught by the faculty who are present. Additionally, summary teaching evaluations must be provided for all faculty teaching on the Programme, highlighting those by the faculty selected for interview.

6.4.2.6. Meeting with Students

The purpose of meeting students is to obtain evidence the Programme meets their needs and to obtain their views on the effectiveness and quality of the teaching, assessments and administration. The participants in the student session should, where possible, be those who, at the time of the Review, are currently enrolled (in different years of the Programme). International (exchange) students and those who contributed to the Student Report should also be present. There should be no academic or administrative staff participating in this session.

6.4.2.7. Meeting with Alumni

The purpose of meeting alumni is also to obtain evidence that the Programme had met their needs and that the Institution offers and receives appropriate support to and from alumni for the benefit of both. Some of the alumni participating in this session may have graduated recently but others should be at different stages of their
professional careers. There should be no academic or administrative staff participating in this session.

6.4.2.8. Meeting with Representatives from the World of Practice

The purpose of this meeting is to provide further assurance 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 participating in this session.

6.4.2.9. Meeting on Programme Resourcing

This session is split into parallel groups met by two PRT members each. Group 1 will focus on the information, library and technological resources available to the Programme. 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

Formal quality assurance processes are required to be in operation – both internally and externally. 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 those 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 meet alone towards the end of the review to formulate its assessment and recommendations concerning on-going Programme development and the accreditation decision to be made subsequently by the Accreditation Board.

6.4.2.12. Final Debriefing Meeting with the Institution

The review concludes with a meeting with the Senior Management Team. This session closes the Peer Review and enables the Chair to present a provisional summary of the PRT’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 in the Base Room

The Base Room requirements for each Programme (including the required documents in English) being assessed are given in Annex 2. These include:

- Programme objectives, Intended Learning Outcomes and structure/content
- List of courses/classes, Intended Learning Outcomes and syllabi for each course
- Teaching materials (course notes/hand-outs, case studies, textbooks, journal readings) for a selection of courses from a cross section of subject areas, in English where possible
• Assignments/examinations and a sample of graded/marked student scripts associated with each
• Sample of graded final dissertations or internship reports (as appropriate)
• The overall assessment/grading regime

6.5. Assessment and Feedback during the Review

6.5.1. Individual Assessment and Consolidation of Findings

Completion of the assessment form (Quality Profile - see Annex 14) is on-going for each PRT member throughout the review. The Quality Profile should be completed before the team meets for discussion and agreement prior to providing feedback to the Institution at the end of the review.

The EFMD Programme Accreditation Quality Profile (see Annex 14) is used to summarise the Team’s overall findings. It lists the key criteria for each chapter of the EFMD Programme Accreditation Standards & Criteria document. The form requires the PRT 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 reference for this evaluation are EFMD accredited Programmes. For N/A, this assessment should only be used in exceptional circumstances (i.e., when the topic is considered not to be applicable and/or relevant to the Programme).

At the beginning of this preliminary evaluation, the Chair will invite the members of the PRT to make a personal evaluation against each assessment criterion. The normal procedure is for each PRT member to complete the form alone before any discussion has taken place on their personal assessment against each of the criteria. It is only when each member has made 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 reveal where common agreement exists as well as those aspects that require further 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. The document will be attached to the Peer Review Report and will be submitted to the Accreditation Board.

6.5.2. Peer Review Decision Making

The decision making and recommendation forming process should be based on a consensus evaluation of the Quality Profile (see Annex 14). An accredited programme is likely to have most entries on the Quality Profile that “meet standard” with only a small number 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 Peer Review Report and to the assessment set out in the consolidated Quality Profile.

The PRT is not expected to be in a position to base its judgement upon comparison with programmes run by other institutions; its judgement must be based firmly on EFMD Programme Accreditation standards as set out in the EFMD Programme Accreditation Standards & Criteria document.
6.5.3. The Debriefing

The oral presentation at the end of the Peer Review by the Chair of the PRT plays a special role in the assessment process. **The whole Peer Review Team is expected to be present during the feedback so as to support the Chair by presenting a united team.**

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 review appropriately and professionally by:

- Adopting a positive, supportive and constructive approach
- Concentrating on the key findings ('aboves' and 'belows' in the QP) and key messages for development, not on the fine detail
- Enumerating strengths as well as weaknesses
- Confirming understanding and acceptance of key development needs
- Suggesting alternative means of dealing with specific problems
- Providing clear guidance on necessary actions for quality improvement where appropriate.

The Chair should stress that the feedback represents a form of interim report, since some conclusions may be modified following further discussion amongst the PRT during the production of the Peer Review Report. **It is not appropriate at this point to divulge the recommendation that the Peer Review Team intends to make to the Accreditation Board.** The Institution will have an opportunity to respond to factual inaccuracies in writing once the draft 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 is designed to have considerable impact on on-going Programme delivery and development with care being taken to provide clear guidance.

6.6.1. Formulating the Report

The Chair of the PRT is responsible for producing the Peer Review Report (PRR) with the support of the other PRT members. The PRR needs to be based on the agreed upon assessment in the EFMD Programme Accreditation Quality Profile (see Annex 14).

The PRR should have the following structure (see a Template in Annex 6):

- Introduction
- Executive Summary
- Overall Assessment and Recommendation for Accreditation
- Strengths and Weaknesses
- Detailed Assessment of the 5 Chapters concentrating on ‘aboves’ and ‘belows’
- Appendices: Quality Profile, Datasheet

The report will make a recommendation on accreditation to the Accreditation Board - either for 3 or 5 year accreditation or for non-accreditation. The report must fully explain the reasons that led the Team to make its recommendation on accreditation. The PRR should be sufficiently extensive (i.e., 15-20 pages) 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(s).

6.6.2. Procedure for the Peer Review Report

The Chair writes up an initial draft of the report based on the PRT’s agreed assessment and circulates this to the team for comment.

Following amendment, the Chair sends the revised draft, including the summary assessment form (Quality Profile) in separate files to the EFMD Programme Accreditation Office.

The revised version, which includes the Peer Review Team’s recommendation on accreditation, is edited, formatted and proofread by the EFMD Programme Accreditation 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.

The Institution responds to any factual inconsistencies or misunderstandings and returns it to the EFMD Programme Accreditation Office.

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 EFMD Programme Accreditation Office.

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 written authorisation for the report to be submitted to the Accreditation Board.

Once this authorisation has been obtained, the final report is submitted to the Accreditation Board together with the Quality Profile, and the most recent Datasheet.

6.7. Roles and Responsibilities

6.7.1. Responsibilities of the EFMD Programme Accreditation Office

- Liaise with the Institution throughout the process, usually through an appointed Key Account Manager (KAM)
- Advise and assist in the Self-Assessment process
- Agree the timetable for the EFMD Programme Accreditation review
- Set the dates of the Peer Review
- Propose the Peer Review Team membership and secure the necessary agreement from the Institution
- 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 commencement of the Peer Review (at least eight (8) weeks)
- Manage and support throughout the accreditation process
6.7.2. Responsibilities of the Project Leader within the Institution

➢ Co-ordinate the Self-Assessment process and the preparation of the Self-Assessment Report including related documents
➢ Liaise with the EFMD Programme Accreditation Office throughout the process
➢ Establish a programme/schedule for the Peer Review Visit in collaboration with the EFMD Programme Accreditation Office
➢ Reimburse all travel and accommodation expenses for the Peer Review Team within four (4) weeks from the date of a physical Peer Review Visit (PRV)
➢ Check the final Peer Review Report for any factual errors or inconsistencies

6.7.3. Responsibilities of the Individual Peer Review Team Members

Before the Peer Review

➢ Liaise with the EFMD Programme Accreditation Office and Chair of the Peer Review Team on the requirements of EFMD Programme Accreditation Peer Reviews
➢ Read the Self-Assessment Report, Datasheet, Student Report(s) carefully and carry out a preliminary analysis against the EFMD Programme Accreditation Standards & Criteria

During the Peer Review

➢ 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, leading discussions, drafting sections of the Report
➢ Document personal views and findings as required by the Chair
➢ Operate in a consensual manner, abiding with the majority opinion, while being free to express a minority view in the Report

Following the Peer Review

➢ 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 Peer Review Report
➢ 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 Programme Accreditation Office

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

Before the Peer Review

➢ Upon receipt of the SAR (including annexes), Datasheet and Student Report(s), check if the three documents are adequate and inform immediately the EFMD Programme Accreditation Office of any inconsistencies or problem areas in the documents.

During the Peer Review

➢ 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 EFMD Programme Accreditation Office urgently of any unusual incident that may disrupt the visit

Following the Peer Review
➢ Collect documentation made by the Peer Review Team relating to the satisfaction of the core criteria, in particular the EFMD Programme Accreditation Quality Profile
➢ Draft a first version of the report and circulate it to the other members of the team for comment
➢ Send the revised report within 2 weeks of the visit to the EFMD Programme Accreditation 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 EFMD Programme Accreditation 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 PRT providing a practitioner perspective on the Programme under review.

6.7.6. Role of Local Reviewers

The 'local' reviewer, being familiar with the local educational environment and context, can inform the other members of the PRT accordingly. Normally they would speak the language of the country and are selected with the agreement of the Institution. Their role is of particular importance for initial accreditation reviews.
Further Information and Contacts

If you have any questions concerning the 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/efmd-accredited/

Alternatively, you can contact the EFMD Quality Services Office:

efmdaccredited@efmdglobal.org