

**STATEMENT OF MS. LAURA RASAR KING, EXECUTIVE DIRECTOR,
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BEFORE THE
COMMITTEE ON HEALTH, EDUCATION, LABOR AND PENSIONS (HELP)
UNITED STATES SENATE**

Accreditation as Quality Assurance: Meeting the Needs of 21st Century Learning

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Mr. Chairman, Mr. Ranking Member and Members of the Committee, thank you for this opportunity to talk to you today about the role of specialized and professional accreditors in assuring quality in our nation's higher education institutions. My name is Laura Rasar King and I am the Executive Director of the Council on Education for Public Health (CEPH), a private, non-profit and independent accrediting agency recognized by the United States Secretary of Education to accredit schools and programs in public health offering post-secondary education at the baccalaureate, master's and doctoral levels. These programs prepare graduates for entry into careers in public health occurring in a wide variety of settings, including federal, state and local governments; non-profit and charitable organizations; research settings; and other industries such as hospitals, insurance companies, pharmaceutical companies, and non-health related businesses and worksites. CEPH is a relatively small agency, accrediting 153 schools and programs. While the agency is 40 years old, it is rapidly growing, with the emergence of public health as a field of need and interest, particularly at the undergraduate level.

Before I provide a perspective on how well the current system of accreditation is working to deliver quality assurance to students and the public, I would like to take this opportunity to put my comments into context by addressing specialized and professional accreditation in terms of

its role, purpose and scope, as well as how what it does differs from the role, purpose and scope of regional (institutional) accreditation. Throughout my testimony, I will use the terms specialized, professional and programmatic accreditation interchangeably.

History and structure of accreditation in postsecondary education

Specialized and professional accreditation has been protecting the public interest for over 100 years starting with Abraham Flexner's work to increase standards in American medical education. The nonprofit Association of Specialized and Professional Accreditors, ASPA – on whose Board of Directors I sit – has approximately 60 accreditor members who set national educational standards for 80 different specialized disciplines and professions. Thirty-four of these agencies are recognized by the US Secretary of Education and 16 of those serve as both programmatic and institutional accreditors, providing access to Title IV student loan funds. Professions range from medicine to project management and physical therapy to construction. Health fields are represented by over 35 members, and several others focus directly on the safety and protection of the American public, for example, engineering, architecture, and urban planning. These programs ensure students receive a quality education, consistent with standards for entry or advanced practice in a field or discipline. Through an emphasis on standards-based self-evaluation and peer review, accreditation plays an important role in continuous quality improvement in higher education.

Role and scope of specialized accreditors vs. institutional accreditors

Unlike *institutional accreditation*, which applies to a college or university as a whole, wherein academic and organizational structures and systems are reviewed to determine how the parts of the institution contribute to achievement of institutional objectives, *programmatic accreditation* conducts an in-depth assessment of *specialized or professional programs* that may

be available through a college, a university or an independent institution. Specialized and professional accreditation closely examines and evaluates measures of learning or competence that are fundamental to competent practice in a discipline or profession.

Process of specialized accreditation

Any specialized or professional program of study seeking accreditation undertakes a rigorous review process. It starts with self-evaluation against standards adopted by the profession and includes a comprehensive, on-site review and an ongoing process of continual improvement.

An important factor in the accreditation process is peer review by experts in the field of study. A team selected by the accrediting agency visits the institution or program to determine first-hand if the applicant meets established standards. Evaluators are typically volunteers who are a mix of practitioners and academics with expert knowledge in the specialized area. While specific guidelines and standards vary by agency, most accreditors conduct reviews and assure quality in the following areas: professional or specialized program curriculum; teaching and development and/or application of new knowledge; ethics/integrity; mission, planning, evaluation and assessment of outcomes, including student learning; faculty qualifications; student support services, including academic and career guidance; library, information and learning resources; physical, laboratory and training facilities (as they apply); and financial resources and program organization and administration to the extent that it impacts other critical areas.

Current status of specialized accreditation and how well it is able to deliver quality assurance to students and the public

In the vast majority of institutions and especially in specialized and professional programs, I believe that accreditors do an exceptional job of quality assurance. Because it is my

area of expertise, I will focus my remarks primarily on programmatic accreditation in terms of its constant feedback loop with practitioners in the field, the peer-review process, the process of continuous monitoring, and the inherent process of quality improvement.

Constant input from the field of practice to assure quality

One of the hallmarks of specialized and professional accreditation is the intricate relationship between the academic and practice community within the profession. This is critical in ensuring that graduates of professional programs are competent in current practice. Practitioners are involved in every step of the accreditation process. Each accreditor accomplishes this involvement differently, but by way of example, one of our accreditation standards requires that each program consider input from the local practice community on appropriate and current programmatic competencies. We also require that our programs regularly collect and consider input from both alumni of the program as well as employers on how well graduates of the program are able to meet the needs of practice. While our programs do this directly, as public health is an unlicensed profession, other professions coordinate detailed job task analyses – a practice-based and scientific determination of the tasks, skills and areas of knowledge needed for a job – originating from their certifying organizations. Most states have statutes requiring completion of accredited programs in order for individuals to advance to licensure and certification for entry to a profession. Programs must prepare graduates who are competent and capable of meeting state requirements, such as passing licensure examinations. Practitioners also review and comment on any proposed changes to the accreditation standards, participate in every on-site visit as peer-reviewers and serve on the agency’s Board of Directors with equal input into accreditation decisions. Specialized accreditation is fortunate that it is so

focused in nature – identification of needed professional skills and evaluation of student learning is straightforward.

Peer-review is fundamental to quality assurance in professional programs

I would also like to emphasize the strength of – and the importance of – the peer review process which has taken some negative criticism over the past few years in relation to accreditation. For professional accreditation, peer review is necessary to ensure that professionals are appropriately trained consistent with the best practices of the discipline or profession – hence the role of professional judgment is fundamental to the enterprise. Keep in mind that peers are not only academic peers but also practitioner peers. Imagine you are going to have a root canal, get a prescription filled or even have your dream house built – I’m sure you would much prefer that your dentist, pharmacist and builder has been trained in a system where other dentists, pharmacists and construction experts have contributed to the development and assessment of quality standards for those educational programs. The process of peer review contains a rigorous system of checks and balances. The process ensures objectivity and avoids conflicts of interest between accreditors and the institutions and programs under review.

Specifically:

- There are **formal written policies and procedures which eliminate bias** among peer reviewers, decision makers, staff and academic institutions and programs.
- **Accreditation standards are developed in a collaborative and inclusive process** with input from educators, practitioners of specific disciplines, members of the public, students, employers and state regulators, among others.

- **Peer reviewers undergo extensive training** in accreditation standards and procedures, including any that are specific to their professional discipline. Briefings and advanced training are expected, especially for those conducting onsite visits.
- **Most peer reviewers are volunteers** who are dedicated to higher education or their specific field. Reviewers spend significant personal time reading and evaluating extensive documentation, visiting institutions and then collaborating to produce a report.

Continuous monitoring in quality assurance

As you noted in your letter of invitation, Mr. Chairman, accreditation is obligated to serve two primary communities of interest: students, and the customers, clients and taxpayers that they will one day serve. To understand how well accreditation is able to assure quality in higher education, it is important to understand how accreditors ensure that quality standards are and continue to be met. I described earlier in my testimony how standards are developed to ensure that education provided by programs is relevant and of appropriate content, breadth and depth for the specific profession. I also described the peer review process in evaluating whether those standards are met. In most cases, this comprehensive process occurs every 5 to 10 years – in my agency it occurs every 7 years. However, accreditors are in regular contact with each accredited program throughout that period. For example, my agency requires annual reports from each program on critical outcomes such as graduation rates, job placement rates and monitoring of rapid student growth. Substantive change notices are submitted and considered whenever there is a change that may affect student outcomes. Whenever there is a concern about non-compliance – from any source – interim reporting is required until the concern is mitigated. Complaints are considered and addressed when they arise. This means that most accreditors have

multiple contacts with each accredited program on an annual basis. Monitoring is regular and it is substantive. Accreditation is high stakes for institutions because of the funding link.

Specialized accreditation is also high stakes for accreditors, especially in the health professions because an improperly trained graduate could hurt someone. For this reason, my colleagues and I take quality assurance very seriously. I believe that specialized accreditors assure competence for entry to practice exceptionally well.

Quality improvement and innovation

From my perspective, assurance of entry-level standards is not the only job of an accreditor. Quality improvement is also a critical part of the process. A criticism I often hear about accreditation is that it takes “too long” to get through the process. The process can seem long. However, much of that time is spent in the self-evaluation component of the process. Accreditors expect not only that institutions and programs self-identify to what extent they meet the standards, but also to identify areas with problems or needing improvement – and they are expected to address those. This constant evaluation, adjustment and re-evaluation takes time, but, I believe it is time well spent. In addition, beyond entry-level standards set by each accreditor, most accreditors also have an expectation for programs to identify areas for special focus and improvement. This is one mechanism by which professional practice standards continue to evolve and improve. This is one of the reasons that the United States has some of the most well-respected leaders in the world in nearly every profession. This is also the space in which innovation can flourish.

Innovation is also an area in which accreditors receive criticism. We have been accused of “stifling innovation” or “rigorously enforcing standards that were current 30 years ago.” Even in my own profession, there is urban legend about what we would “never allow” and it always

surprises me. We expect programs to continue to improve even if they are meeting the standards at the basic level. However, there are many ways to meet the standards – and accreditors are open to differing approaches programs may present.

In fact, CEPH has a long history of working with our programs to accommodate innovation as it relates to quality education. We accredited our first distance-based program in 1991 - now 20% of our accredited schools and programs offer the Master of Public Health (MPH) degree in a fully online format. We accredited our first collaborative program – a joint program sponsored by more than one university in 1986 – and now we accredit seven multi-university collaboratives, with more on the way. These are only some examples from my own experience. I know that my colleagues in specialized accreditation in other fields could give you other examples.

Areas for improvement

As in any system, there is always room for improvement. It's important to note that quality assurance and performance improvement are key principles and values of programmatic accreditors. Just as they expect these activities of the programs they accredit, they have similar expectations for themselves. ASPA members endorse a code of good practice that addresses promotion of the development of educational quality, integrity and professionalism in accreditation activities, and respect and promotion of institutional independence and academic decision making. Our members contribute and look to the association to provide opportunities and education for professional development and improvement. Several accreditors undergo “voluntary” recognition. That being said, there are several areas in accreditation and higher education that could be improved:

**Students and families should be empowered as consumers in higher education with
access to good information**

Information provided to students and the public should be useful, current and thoughtfully presented in a manner that is understandable and easily accessible. Programmatic accreditors typically require programs to provide public information about their accreditation status. Often, information provided by institutions – whether intentional or not – is not clear about the differentiation between institutional and programmatic accreditation and the related impact on the ability of students to become licensed or certified to practice in their field of study. The general public does not understand the difference between the types of accreditation and what it may mean to future career options. Accreditation requirements for clarity, full disclosure and accessibility in this area would enable students to make better decisions regarding their education choices. As well, information about how former students have performed in the program should be available. Information on college websites should be up-to-date, provided in plain language and not buried.

The responsibility for accuracy and currency of available information lies not only with the accreditors. Identification of a quality program is more difficult than one would think because of the volume of information available. There are multiple websites and databases out there from even reputable organizations that do not get it right. For example, despite their best efforts, the USDE accreditation database is inaccurate, outdated and not in a format that gives the best information for the public. I fear that the newly proposed rating system will be yet another source of information which leads to confusion among prospective students. Accreditor websites are required to be up-to-date in order to meet recognition guidelines. We recommend that the Department abandon its effort to track accredited programs in its database and provide links

directly to accreditors' websites, so that consumers can access the most recent and accurate accreditation information, along with an explanation about what it means for them.

Accreditors can do a better job of explaining how they promote innovation

Programmatic accreditation supports institutions and programs that wish to explore new and different ways to provide education. In my experience, because accreditation is not well understood by even those who lead in academic settings, it is often used as an excuse not to innovate. I have been called numerous times by faculty members who want to try something new at their institutions and have been told by their colleagues that it "isn't allowed" by the accreditor. This is not true for my agency. What is true, is that all new initiatives, whether they are considered innovative or not, must be verified for quality as determined by my profession to ensure that graduates are prepared to enter the field of practice with a level of competence necessary to protect the public interest. These quality indicators may be vastly different depending on the profession, but in all cases students must achieve successful results in knowledge and skill development in a specific field. In the absence of such evidence, innovations chosen primarily based on cost or other criteria not related to the development of student competence in the field, risk long-term negative consequences for the various disciplines and professions, particularly in terms of their responsibility to serve the public.

There should be better communication between institutional and specialized accreditors who work within the same institutions

Unless a specialized accreditor is also an institutional accreditor working with a single purpose institution, programs exist within the context of a larger institution. Specialized accreditors require that the institutions in which they work be institutionally accredited to ensure that the overall context of the program is reputable and sustainable. Often, different specialized

accreditors work side by side within a university when a number of programs are housed in the same organizational units. It is important that the institutional accreditors and the specialized accreditors as well as specialized accreditors in related fields, share information, particularly when areas of concern are identified that may affect one or the other. Currently, it is very difficult to access some of this information due to confidentiality concerns. A mechanism for information sharing currently does not exist, and if it did, it could lead to the ability to more quickly address problems within an institution before they become insurmountable.

I appreciate the opportunity to speak to you today about specialized and professional accreditation and look forward to assisting you and your staff as you develop ideas for reauthorization. I would be pleased to answer any questions you may have.