

## Accreditation Committee Terms of Reference

### 1. Purpose

Pursuant to section 43 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law), the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has decided to assign accreditation arrangements for the Aboriginal and Torres Strait Islander health practice profession to a committee of the Board

The Accreditation Committee (the committee) is established by the Board in accordance with clause 11 of schedule 4 of the National Law.

The committee will:

- (1) develop accreditation standards
- (2) assess programs of study
- (3) monitor study programs and education providers to ensure they continue to meet accreditation standards, and
- (4) advise the Board of issues in education and practice which may impact on Aboriginal and Torres Strait Islander health practice and the conduct of study programs.

### 2. Functions

The functions of the committee are as follows:

(a) In relation to developing accreditation standards:

- develop accreditation standards which are subject to wide ranging consultation, and submit these to the Board for approval, and
- review and resubmit to the Board any proposed accreditation standards if requested by the Board to do so.

(b) In relation to accrediting programs of study:

- where an education provider applies for accreditation against the standards which have been approved by the Board and published on the Board's website, assess both the education provider and the relevant programs of study
- where the committee considers that the education provider and the relevant programs of study meet the standards approved by the Board, provide a report to the Board of its findings to inform the Board's decision to grant approval with or without conditions or refuse approval

- where the committee does not consider that the education provider and/or programs of study meet the standards approved by the Board, give notice of this to the Board and the education provider outlining the reasons for the committee's decision and advising how the education provider can apply for a review of the committee's decision, and
  - ensure that any review is carried out by people who are different to those who were involved in carrying out the initial assessment.
- (c) In relation to monitoring study programs and education providers to ensure they continue to meet the accreditation standards:
- take reasonable steps to ensure that accredited programs of study and education providers continue to meet the standards approved by the Board by undertaking periodic checks at least every three years or more often where there is a specific concern
  - impose conditions on an education provider if they no longer meet the Board's standards provided they are able to meet the standards within a reasonable time
  - revoke the accreditation of an education provider if they are no longer able to meet the Board's standards and cannot meet the standards within a reasonable time, and
  - in the above two situations, give the Board written notice of the decision.
- (d) Advise the Board of issues in education and practice which may impact upon Aboriginal and Torres Islander health practice and the conduct of study programs.

### **3. Duty to Act in the Public Interest**

A member of the committee is to act impartially and in the public interest in the exercise of their functions.

A member of the committee is to put the public interest before the interests of particular education providers or any entity that represents education providers.

### **4. Conflict of Interest**

Members of the committee are to comply with the conflict of interest requirements set out in clause 8 of schedule 4 of the National Law.

### **5. Membership**

The committee will consist of:

- an educationalist, preferably with experience working in the Vocational Education and Training (VET) sector and in delivering training in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)
- an accreditation expert, preferably within the health sector, and
- two persons who are registered as an Aboriginal and Torres Strait Islander health practitioner.

The Board will appoint one of member to be the chair of the committee. The Board may also appoint additional members to the committee on an ad hoc basis where such persons have demonstrated that they have relevant expertise and experience to be of value to the committee. The Board may also seek advice from such people without formally appointing them to the committee.

## **6. Quorum**

A quorum for the committee shall be three members.

## **7. Appointment of Members and Term of Appointment**

Members of the committee shall be appointed for a term of three years and will be eligible for reappointment.

The Board may remove, replace or appoint committee members when and as it sees fit.

## **8. Meetings and Procedures**

Meetings will be scheduled as required and be either face-to-face or held by other means such as teleconference or closed-circuit television in accordance with clause 16 to schedule 4 of the National Law.

A record of meeting will be made by Australian Health Practitioner Regulation Agency (AHPRA) staff and confirmed at the next committee meeting.

## **9. Voting**

While it is preferred that the committee reaches decisions by consensus, if this is not possible, a decision supported by a majority of the votes cast at a meeting at which a quorum is present, is the decision.

In the event of an equality of votes, the chair has a second or casting vote.

## **10. Support**

Administrative support will be provided by AHPRA.

## **11. Quality Framework for the Accreditation Function**

The committee will be guided by the Quality Framework for the Accreditation Function as it applies to the Aboriginal and Torres Strait Islander health practice profession (Attachment A).

## **12. Other**

Members of the committee are bound by the duty of the confidentiality under Section 216 of the National Law.

If the committee intends to publish its findings under Clause 4(b) of Section 49 of the National Law, it must provide the Board with 14 days notice of its intention and it must consider any comments provided by the Board in response.

## Attachment A

# QUALITY FRAMEWORK FOR THE ACCREDITATION FUNCTION

Accreditation authorities, national boards and the Australian Health Practitioner Regulation Agency (AHPRA) have agreed to this *Quality Framework for the Accreditation Function* (the Quality Framework). The Quality Framework is the principal reference document for national boards and AHPRA to assess the work of accreditation authorities.

This framework is a broad one. It is based on both international and national best practice frameworks for accreditation in particular the work of Professions Australia (2008) and the European Consortium for Accreditation (2004) (see references). As noted by Professions Australia, the aim of the accreditation process is not just quality assurance but also to support continuous quality improvement of professional education and training to respond to evolving community need and professional practice. It is important that the Quality Framework supports this approach and in addition that it supports the development of good practice in implementing accreditation functions and allows diversity amongst accreditation authorities and the assessment of those accreditation authorities.

The principles underpinning the Quality Framework are:

- the Council of Australia Governments (COAG) principles for best practice regulation
- the objectives and guiding principles of the scheme in the legislation (see below), and
- the independence of accreditation decision-making within the parameters established by the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

The Quality Framework is designed to delineate broad domains and then more specific attributes under those domains. The Quality Framework is not a checklist, and it should be interpreted flexibly and adapted as necessary to suit different contexts.

The Quality Framework will be reviewed at least every three years.

### **Purpose**

The National Law defines the accreditation function as:

- (a) developing accreditation standards for approval by a national board; or*
- (b) assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards; or*
- (c) assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia; or*
- (d) overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration in a health profession under this Law and whose qualifications are not approved qualifications for the health profession; or*

- (e) *making recommendations and giving advice to a national board about a matter referred to in paragraph (a), (b), (c) or (d).*

### **Objectives and guiding principles**

The National Law requires those exercising functions under the National Law to do so having regard to the following objectives and guiding principles:

*The objectives of the national registration and accreditation scheme are—*

- (a) *to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and*
- (b) *to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and*
- (c) *to facilitate the provision of high quality education and training of health practitioners; and*
- (d) *to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and*
- (e) *to facilitate access to services provided by health practitioners in accordance with the public interest; and*
- (f) *to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.*

*The guiding principles of the national registration and accreditation scheme are as follows—*

- (a) *the scheme is to operate in a transparent, accountable, efficient, effective and fair way;*
- (b) *fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;*
- (c) *restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.*

### **The Eight Domains at a Glance**

- 1. Governance** - the accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.
- 2. Independence** – the accreditation authority carries out its accreditation operations independently.
- 3. Operational management** - the accreditation authority effectively manages its resources to carry out its accreditation function.
- 4. Accreditation standards** - the accreditation authority develops accreditation standards for the assessment of programs of study and education providers.

5. **Processes for accreditation of programs of study and education providers** - the accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.
6. **Assessing authorities in other countries** (where this function is exercised by the accreditation authority) - the accreditation authority has defined its standards and procedures to assess examining and/or accrediting authorities in other countries.
7. **Assessing overseas qualified practitioners** (where this function is exercised by the accreditation authority) - the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession.
8. **Stakeholder collaboration** - the accreditation authority works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities.

## THE QUALITY FRAMEWORK DOMAINS IN DETAIL

### 1. Governance

**The accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.**

**Attributes:**

- The accreditation authority is a legally constituted body and registered as a business entity.
- The accreditation authority's governance and management structures give priority to its accreditation function relative to other activities (or relative to its importance).
- The accreditation authority is able to demonstrate business stability, including financial viability.
- The accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- There is a transparent process for selection of the governing body.
- The accreditation authority's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s.
- The accreditation authority's governance arrangements comply with the National Law and other applicable legislative requirements.

### 2. Independence

**The accreditation authority carries out its accreditation operations independently.**

**Attributes:**

- Decision making processes are independent and there is no evidence that any area of the community, including government, higher education institutions, business, industry and professional associations - has undue influence.
- There are clear procedures for identifying and managing conflicts of interest.

### 3. Operational management

**The accreditation authority effectively manages its resources to carry out its accreditation function. Attributes:**

- The accreditation authority manages the human and financial resources to achieve objectives in relation to its accreditation function.
- There are effective systems for monitoring and improving the authority's accreditation processes, and identification and management of risk.
- The authority can operate efficiently and effectively nationally.
- There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.
- In setting its fee structures, the accreditation authority balances the requirements of the principles of the National Law and efficient business processes.

### 4. Accreditation standards

**The accreditation authority develops accreditation standards for the assessment of programs of study and education providers.**

**Attributes:**

- Standards meet relevant Australian and international benchmarks.
- Standards are based on the available research and evidence base.
- Stakeholders are involved in the development and review of standards and there is wide ranging consultation.
- The accreditation authority reviews the standards regularly.
- In reviewing and developing standards, the accreditation authority takes account of AHPRA's *Procedures for Development of Accreditation Standards* and the National Law.

### 5. Processes for accreditation of programs of study and education providers

**The accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.**

**Attributes:**

- The accreditation authority ensures documentation on the accreditation standards and the procedures for assessment is publicly available.
- The accreditation authority has policies on the selection, appointment, training and performance review of assessment team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards.
- There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees.
- The accreditation authority follows documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party.

- Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider.
- There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards.
- The accreditation authority has defined the changes to programs and to providers that may affect the accreditation status, how the education provider reports on these changes and how these changes are assessed.
- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

## 6. Assessing authorities in other countries

**Where this function is exercised by the accreditation authority, the authority has defined standards and procedures to assess examining and/or accrediting authorities in other countries.**

### **Attributes:**

- The assessment standards aim to determine whether these authorities' processes result in practitioners who have the knowledge, clinical skills and professional attributes necessary to practice in the equivalent profession in Australia.
- Stakeholders are involved in the development and review of standards and there is wide ranging consultation.
- The procedures for initiating consideration of the standards and procedures of authorities in other countries are defined and documented.
- There is a cyclical assessment process to ensure recognised authorities in other countries continue to meet the defined standards.
- The accreditation authority follows documented systems for decision-making and reporting that enable decisions to be made free from undue influence by any interested party.
- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

## 7. Assessing overseas qualified practitioners

**Where this function is exercised by the accreditation authority, the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession.**

### **Attributes:**

- The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.
- The key assessment criteria, including assessment objectives and standards, are documented.
- The accreditation authority uses a recognised standard setting process and monitors the overall performance of the assessment.
- The procedures for applying for assessment are defined and published.

- The accreditation authority publishes information that describes the structure of the examination and components of the assessments.
- The accreditation authority has policies on the selection, appointment, training and performance review of assessors. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess overseas qualified practitioners.
- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

## 8. Stakeholder collaboration

**The accreditation authority works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities. Attributes:**

- There are processes for engaging with stakeholders, including governments, education institutions, health professional organisations, health providers, national boards and consumers/community.
- There is a communications strategy, including a website providing information about the accreditation authority's roles, functions and procedures.
- The accreditation authority collaborates with other national and international accreditation organisations.
- The accreditation authority collaborates with accreditation authorities for the other registered health professions appointed under the National Law.
- The accreditation authority works within overarching national and international structures of quality assurance/accreditation.