

Medical Radiation Practice 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 Medical Radiation Practice Board of Australia (the Board) has decided to establish a committee to undertake accreditation functions under the National Law.

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 exercise the following accreditation functions:

- a) developing accreditation standards for approval by the Board
- b) assessing education providers and programs of study to determine whether they meet the approved accreditation standards, and
- c) making recommendations and giving advice to the Board about accreditation functions and associated issues.

The Board may, from time to time, ask the Committee to give advice the Board on issues in education and practice which may impact on medical radiation practice and the conduct of study programs.

2. Functions

The Committee will, in exercising its accreditation functions -

- (a) In relation to accreditation standards
 - i. develop accreditation standards which are subject to wide ranging consultation, and submit these to the Board for approval
 - ii. review and resubmit to the Board any proposed accreditation standards if requested by the Board to do so, and
 - iii. review the approved accreditation standards as requested by the Board from time to time
- (b) In relation to assessing programs of study and the education providers that provide the programs of study:
 - i. where an education provider applies for accreditation, assess both the education provider and the relevant programs of study to determine whether they meet the approved accreditation standards,
 - ii. where the Committee determines that the education provider and the relevant programs of study meet (or substantially meet) the approved accreditation standards, provide a report to the Board of its findings to inform the Board's decision to grant approval for the program of study for the purposes of registration with or without conditions
 - iii. where the Committee determines that the education provider and/or programs of study have not met the approved accreditation standards, give notice of this as required by the National Law 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

- iv. ensure that any review is carried out by people who are different to those who were involved in carrying out the initial assessment.

Please refer to Attachment D – Accreditation of Programs of Study

- (c) In relation to monitoring study programs and education providers to ensure the committee continues to be satisfied the program and provider meet the approved accreditation standards:
 - i. take reasonable steps to ensure that approved programs of study and education providers continue to meet the approved accreditation standards by undertaking periodic checks as often as required to monitor continued compliance and any specific concerns
 - ii. impose conditions on a program of study if it no longer meets the approved accreditation standards if this will ensure the approved accreditation standards are met within a reasonable time
 - iii. revoke the accreditation of an education provider and/or program if the approved accreditation standards are no longer met and cannot be met within a reasonable time, and
 - iv. in the above two situations, give the Board and the education provider written notice of the Committee's decision.
- (d) Make recommendations and give advice to the Board about matters referred to in (a) and (b),
- (e) Advise the Board of issues in education and practice which may impact upon the conduct of programs of study or the medical radiation profession broadly, and
- (f) undertake any other work requested by the National Board consistent with the Committee's accreditation functions.

For the sake of clarity, the Board will retain all functions relating to the assessment of overseas qualified medical radiation practitioners.

Reviewing accreditation standards

The Board considers it timely to flag its interest in a comprehensive review of the initial accreditation standards and processes which is to be completed by 31 December 2016. To incorporate the Board's interest in a carefully planned and thorough review the Committee may wish to consider shaping stakeholder expectations and input into the process by including this information in its consultation during development of the initial accreditation standards under the National Law.

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. Conflicts 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 not less than five (5) members, with

- at least one educationalist
- at least one academic member holding a senior academic position in an Australian tertiary institution within the discipline of medical radiation science
- at least one member with accreditation experience external to the medical radiation profession.

Additionally the combined skills, knowledge and experience of the Committee **as a whole** should address the following areas

1. experience and currency in course design and evaluation
2. familiarity and currency with both the self-accrediting and non-self-accrediting sector
3. experience and currency in own field
4. experience in health and education regulation
5. knowledge of international developments in medical radiation education and/or regulation
6. expertise and currency in teaching and research
7. formal qualifications in education
8. eligibility for general registration (without conditions or notations) with the Board is preferable

The Board will appoint one of the Committee members as the Chair of the Committee. The Board may also choose to appoint a Committee member as a Deputy Chair.

The Board may appoint further members to the Committee as determined or required by the Board.

Members of the Board, Board Committees or working groups are not eligible for appointment to the Accreditation Committee.

6. Quorum

A quorum for the Committee shall be a majority of the members including the Chair (or a Deputy Chair if one is appointed)

7. Appointment of Members and Term of Appointment

Members of the Committee shall be appointed for a term determined by the Board for up to three years and be eligible for reappointment.

The Board may remove a Committee member if:

- a) the member has been found guilty of an offence (whether in a participating jurisdiction or elsewhere) that, in the opinion of the Board, renders the member unfit to continue to hold the office of member; or
- b) the member ceases to be a registered health practitioner as a result of the member's misconduct, impairment or incompetence; or
- c) the member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with the member's creditors or makes an assignment of the member's remuneration for their benefit; or
- d) the Committee recommends the removal of the member, or the Board determines that the member should be removed, on the basis that the member has engaged in misconduct or has failed or is unable to properly exercise the member's functions as a member. Where a vacancy occurs the Board may fill the vacancy on a temporary or longer term basis either:
 - i. by appointing to the Committee a person appointed to the course assessment working group (see section 8 on meetings and procedures), or
 - ii. by publicly advertising the vacancy

It is not necessary to advertise a vacancy in the membership of the Committee before appointing a person to act in the office of a member.

8. Meetings and Procedures

Meetings will be scheduled by the Committee 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.

The Committee may convene assessment teams working group or working groups to assist it to exercise its functions, and may identify appropriate experts for its working groups through an expression of interest process similar to that which the Board conducted for the Committee appointments, and/or drawing upon suitable candidates identified by the Board in that process.

9. Decision Making

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

Support for the Committee and its delivery of the accreditation functions will be provided by AHPRA.

11. Reporting and Communication Arrangements

The Committee will submit reports on programs of study, monitoring and other matters in accordance with Attachment B and provide additional reports and liaison when required.

Meetings between the Chair of the Committee, AHPRA staff supporting the Committee and the Board Chair (or delegate) and Executive Officer will be conducted as required.

The Board and Committee will work together in a spirit of cooperation and collaboration.

12. Quality Framework for the Accreditation Function

The Committee will be guided by the Quality Framework for the Accreditation Function as it applies to the medical radiation profession (Attachment A).

13. Finances

The costs of delivery of the accreditation functions is funded from:

- a) Contributions by the Board, and
- b) Fees charged to education providers, and
- c) Any other lawful income earned or received by the Committee

The Committee will develop a budget and workplan for consideration by the Board on an annual basis including any details about the expected funding the Committee is seeking from the Board.

The Committee will maintain a register of risk related to the assigned functions of the Committee.

14. Dispute resolution

In the event of a disagreement between the Committee and the Board, the Chair of the Board and the Chair of the Committee will meet to discuss the matter.

15. Other

Duty of confidentiality

Members of the Committee are bound by the duty of the confidentiality under section 216 of the National Law.

Protection from personal liability for persons exercising functions

Section 236 of the National Law, which provides protection from personal liability, will apply to a Committee member exercising functions under the National Law and acting in good faith. Section 236 provides that:

- (1) A protected person is not personally liable for anything done or omitted to be done in good faith—
 - a) in the exercise of a function under this Law; or
 - b) in the reasonable belief that the act or omission was the exercise of a function under this Law.
- (2) Any liability resulting from an act or omission that would, but for subsection (1), attach to a protected person attaches instead to the National Agency.

Publication of accreditation information

If the Committee intends to publish its findings under paragraph 49(4)(b) of the National Law, it may provide the Board with 14 days notice of its intention and may, prior to publishing its findings, consider any comments provided by the Board in response.

17. Review of these Arrangements

The Board may change the Terms of Reference any time in consultation with AHPRA and the Committee.

The accreditation arrangements will be reviewed by 31 December 2016.

Please refer to Attachment D – Review of Accreditation Arrangements

Attachment A

Application of the Quality Framework to Accreditation Committees

As set out below, the Quality Framework was developed by external accreditation entities, national boards and AHPRA, before any national board had established an accreditation Committee. Whilst there will be work with all these groups and accreditation Committees of national boards about how the Quality Framework applies to accreditation Committees. However, as this work has not yet occurred, this attachment indicates the changes that could be made to apply the Framework relevantly to an accreditation Committee and will apply until an official revised version is available.

QUALITY FRAMEWORK FOR THE ACCREDITATION FUNCTION

Accreditation authorities, national boards and 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 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 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 is effectively governed 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 is effectively governed and demonstrates competence and professionalism in the performance of its accreditation role.

Attributes:

External Accreditation Authority	Accreditation Committee
The accreditation authority is a legally constituted body and registered as a business entity.	The accreditation Committee is appointed by a national board in accordance with the National Law.
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 Committee's functions are assigned by the national board and are outlined in the Terms of Reference set by that Board; the accreditation Committee limits its work to those functions.
The accreditation authority is able to demonstrate business stability, including financial viability.	The accreditation Committee is able to demonstrate ongoing capability.
The accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.	AHPRA administers the financial arrangements and decisions of the accreditation Committee, and is subject to annual audit.
There is a transparent process for selection of the governing body.	There is a transparent process for selection of the governing body, i.e. the Committee.
The accreditation authority's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s.	The Committee's Terms of Reference enable it to include representatives of external bodies on its working groups and its consultation processes 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.	No change required for Committee.

2. Independence

The accreditation authority carries out its accreditation operations independently.

Attributes:

External Accreditation Authority	Accreditation Committee
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.	No change required for Committee.
There are clear procedures for identifying and managing conflicts of interest.	No change required for Committee.

3. Operational management

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

External Accreditation Authority	Accreditation Committee
The accreditation authority manages the human and financial resources to achieve objectives in relation to its accreditation function.	The accreditation Committee manages the human and financial resources, in concert with AHPRA, 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.	No change required for Committee.
The authority can operate efficiently and effectively nationally.	No change required for Committee.
There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.	No change required for Committee.
In setting its fee structures, the accreditation authority balances the requirements of the principles of the National Law and efficient business processes.	No change required for Committee.

4. Accreditation standards

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

Attributes:

External Accreditation Authority	Accreditation Committee
Standards meet relevant Australian and international benchmarks.	No change required for Committee.
Standards are based on the available research	No change required for Committee.

and evidence base.	
Stakeholders are involved in the development and review of standards and there is wide ranging consultation.	No change required for Committee.
The accreditation authority reviews the standards regularly.	No change required for Committee.
In reviewing and developing standards, the accreditation authority takes account of AHPRA's <i>Procedures for Development of Accreditation Standards</i> and the National Law.	No change required for Committee.

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:

External Accreditation Authority	Accreditation Committee
The accreditation authority ensures documentation on the accreditation standards and the procedures for assessment are publicly available.	The accreditation Committee, in concert with AHPRA, ensures documentation on the accreditation standards and the procedures for assessment are publicly available.
The accreditation authority has policies on the selection, appointment, training and performance review of assessment team members. It's 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.	No change required for Committee.
There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working Committees.	No change required for Committee.
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.	No change required for Committee.
Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider.	No change required for Committee.
There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards.	No change required for Committee.
The accreditation authority has defined the changes to programs and to providers that may	No change required for Committee.

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.	No change required for Committee.

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:

External Accreditation Authority	Accreditation Committee
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.	No change required for Committee.
Stakeholders are involved in the development and review of standards and there is wide ranging consultation.	No change required for Committee.
The procedures for initiating consideration of the standards and procedures of authorities in other countries are defined and documented.	No change required for Committee.
There is a cyclical assessment process to ensure recognised authorities in other countries continue to meet the defined standards.	No change required for Committee.
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.	No change required for Committee.
There are published complaints, review and appeals processes which are rigorous, fair and responsive.	No change required for Committee.

7. Assessing overseas qualified practitioners

This function has not been assigned to the MRP Accreditation Committee

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:

External Accreditation Authority	Accreditation Committee
The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.	No change required for Committee.
The key assessment criteria, including assessment objectives and standards, are documented.	No change required for Committee.
The accreditation authority uses a recognised standard setting process and monitors the overall performance of the assessment.	No change required for Committee.
The procedures for applying for assessment are defined and published.	No change required for Committee.
The accreditation authority publishes information that describes the structure of the examination and components of the assessments.	No change required for Committee.
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.	No change required for Committee.
There are published complaints, review and appeals processes which are rigorous, fair and responsive.	No change required for Committee.

8. Stakeholder collaboration

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

External Accreditation Authority	Accreditation Committee
There are processes for engaging with stakeholders, including governments, education institutions, health professional organisations, health providers, national boards and consumers/community.	No change required for Committee.
There is a communications strategy, including a website providing information about the accreditation authority's roles, functions and	No change required for Committee.

procedures.	
The accreditation authority collaborates with other national and international accreditation organisations.	No change required for Committee.
The accreditation authority collaborates with accreditation authorities for the other registered health professions appointed under the National Law.	No change required for Committee.
The accreditation authority works within overarching national and international structures of quality assurance/accreditation.	No change required for Committee.

Attachment B

Sample guide for report by an accreditation authority to the National Boards/AHPRA

Domain 1 Governance

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

The table below is not intended as a check list. It is acknowledged that accreditation authorities have different structures and procedures, depending on their size, range of functions and their profession. Overall, the accreditation authority is asked to report against the domain rather than each individual attribute, recognising that authorities may not have separate policy/processes relating to each attribute.

Measure	Initial report	Subsequent annual reports	Half yearly update	Application to Committee
Constitution	Attach copy	Provide advice about any amendments made since the last report.	N/A	N/A – Committee has Terms of Reference determined by National Board.
Governing body - membership, selection processes, arrangements	If separate from the Constitution, attach: <ul style="list-style-type: none"> o terms of reference o list of members and a copy of selection process. 	Provide advice about any changes to terms of reference and membership of the governing body or process for selection since the last report.	N/A	N/A – as above.
Stakeholder input in to governance arrangements	Provide information which shows current level of stakeholder input including the community, education providers and the profession/s, into governance .	Provide advice about any changes to stakeholder engagement in governance since the last report. For example: “no change”, or health consumer members were added to the Accreditation Committee’s X Committee, or “The stakeholder	N/A	The Committee’s TOR ¹ allow it to include external members on working groups and any relevant activity will be reported. The Committee is expected to develop a stakeholder

¹ Terms of Reference

Measure	Initial report	Subsequent annual reports	Half yearly update	Application to Committee
	<p>For example:</p> <ul style="list-style-type: none"> ○ a list or diagram indicating which Committees/boards etc include these stakeholders, or ○ the Accreditation Committee's policy statement on stakeholder contribution to governance. 	engagement policy was revised. Major changes include the establishment of a stakeholder network. The revised policy is attached."		engagement policy which will be reported.
Accounts meet relevant Australian accounting and financial reporting standards	Financial report from annual report.	Financial report from annual report.	N/A	Addressed through AHPRA's financial statements which are audited and included in its annual report.
Work planned or underway	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.		No change required for Committee.

Domain 2 Independence

The accreditation authority carries out its accreditation operations independently.

Measure	Initial report	Subsequent annual reports	Half yearly update	Application to Committee
---------	----------------	---------------------------	--------------------	--------------------------

<p>Decision making processes are independent</p>	<p>List structures or processes that specifically contribute to independence of accreditation decision making. For example:</p> <ul style="list-style-type: none"> ○ a hierarchy of Committees providing for review/balanced decision making ○ delegation or process for staff decision making concerning accreditation, e.g. reporting of meetings with education providers, professional associations ○ relevant elements of the risk management plan 	<p>Outline changes to the processes that impact on independence of accreditation decision making since the last report.</p>	<p>N/A</p>	<p>No change required for Committee.</p>
<p>Procedures for identifying and managing conflicts of interest.</p> <p><i>Note this relates to interest of the governing body. If different</i></p>	<p>Attach copy of procedures if separate from the constitution.</p>	<p>Describe any situations where the Accreditation Committee failed to follow its procedures in managing interests.</p> <p>Provide advice about any changes to the policy/process since the last report or advise no change.</p>	<p>N/A</p>	<p>No change required for Committee.</p>

<i>processes exist for managing assessment team interest, report under domain 5</i>				
Work planned or underway	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.		No change required for Committee.

Domain 3 Operational management

The accreditation authority effectively manages its resources to support its accreditation function under the National Law.

Measure	Initial report	Subsequent annual reports	Half yearly update	Application to Committee
Resources to achieve accreditation function objectives	The annual report prepared on behalf of the authority's governing body.	Annual report.	N/A	References to the annual report, will be achieved through AHPRA's Annual report. The Committee will also provide advice on the resource requirements to deliver the accreditation function as provided for in its TOR.
Monitoring and improving accreditation processes, and risk	Annual report.	Annual report.	N/A	This will be achieved through providing a copy of the risk management

management				plan and an outline of changes made to the accreditation processes during the year.
Information and records, including confidentiality	<p>Provide a copy of the policies on the following:</p> <ul style="list-style-type: none"> ○ managing information and records relevant to the accreditation function ○ confidentiality of records relating to the accreditation function if separate policy 	<p>Outline changes to the information and records management since the last report or advise no change</p> <p>Outline changes to management of confidentiality since the last report or advise no change</p>	N/A	Information and records management and confidentiality of such, is as per AHPRA policy. The initial report will provide an overview of these arrangements.
Fee charging balances National Law and business requirements	Describe process for determining fees relating to accreditation functions and/or if set fees are charged for accreditation functions, attach a list of fees.	Attach updated list of fees or advise that there has been no change.	N/A	No change required for Committee.
Work planned or underway	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.		As described.
Proposed new reporting element for	Describe and evaluate the effectiveness of the administrative	Describe and evaluate the effectiveness of the administrative arrangements.		Specific to Committee.

Committees	arrangements.			
Administrative arrangements.				

Domain 4 Accreditation standards

The accreditation authority develops robust accreditation standards which have been set in advance for the assessment of programs of study and education providers.

Measure	Initial report	Subsequent annual reports	Half yearly update	Application to Committee
Accreditation standards for programs of study for general registration, specialist registration and/or endorsement	Attach a copy and/or provide a link to current standards. Indicate if these are the standards approved by the Ministerial Accreditation Committee in the transition to the National Registration and Accreditation Scheme or standards subsequently approved by the national board.	Attach a copy and/or provide a link to any new or revised accreditation standards developed since the last report and indicate which meeting of the national board considered them. Attached a copy of the authority's advice to national board on how the AHPRA <i>Procedures for development of accreditation standards</i> and the National Law were addressed in developing the new/revised standards.	As for annual reports, but for a half year period.	As described, but reference to transitioning standards is not relevant to Committees. Reporting on development of accreditation standard; including planned or conducted consultation at 2, 4 and 6 months.
Work planned or underway	List any work planned or begun which relates to this domain, such as development of new standards, and which is relevant to the authority's agreement with AHPRA .	List any work planned or begun which relates to this domain, such as development of new standards, and which is relevant to the authority's agreement with AHPRA.		No change required for Committee.

Domain 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.

Measure	Initial report	Subsequent annual reports	Half yearly update	Application to Committee
List programs of study accredited	(No report necessary – Board has this information and AHPRA has asked or is asking Accreditation Committees to check) AHPRA can check this with Accreditation Committees and provide to boards.	List programs accredited since the last report as follows: <ul style="list-style-type: none"> ○ New programs ○ Established programs Include in the list the date of the meeting of the national board which considered the report on the program.	List programs accredited since the last report, using the format for the annual reports.	No change required for Committee.
Documentation on standards and procedures for assessments or programs	Provide a link to the current assessment procedures.	Provide a link to the current assessment procedures. Report no change, or summarise any significant change to the process and stakeholder engagement in the change process.	If changed since the most recent report, summarise any significant change to the process and the stakeholder engagement in the change process.	No change required for Committee.
Policies on assessment team members	If separate to procedures for assessment, attach a copy and/or provide a link to policy on team selection, training and review.	Report no change, or if changed since last report, attach a copy and/or provide a link to new policy.	N/A	No change required for Committee.
Procedures for identifying and	If different to procedures for managing conflicts of interest and if	Describe any situation where an education provider raised concerns about the Accreditation Committee's	N/A	No change required for Committee.

managing conflicts of interest in the work of accreditation assessment teams and working Committees .	separate to procedures for assessment, attach a copy and/or provide a link to procedures.	implementation of its procedures for managing interests of accreditation assessment teams and working Committees and how this was addressed. Provide advice about any changes to the procedures since the last report or advise no change.		
The authority follows its processes for decision-making and reporting	If separate to procedures for assessment, outline the decision making processes. For example, provide a flow chart or terms of reference of decision making Committees	Provide advice about any changes to the decision making procedures since the last report or advise no change.	N/A	No change required for Committee.
Accreditation cycle including monitoring of accredited programs of study	If separate to procedures for assessment: <ul style="list-style-type: none"> ○ list the length of the periods of accreditation granted and ○ provide a description of the monitoring process 	Provide advice about monitoring of accredited programs since the last report. Eg “Following its documented process, the Accreditation Committee received and considered reports from the following education providers, which were all found to continue to meet the accreditation standards. “ (Can refer to any reports submitted to the Board for detail about changes to the accreditation status of any program or provider as a result of monitoring)	As for annual reports, but for a half year period.	No change required for Committee.
Complaints, review and appeals processes	If separate to procedures for assessment, attach or provide a link to the complaints, review and appeals processes.	Provide advice about any changes. Report either no change or describe change and rationale. Attach a copy of the revised process. <ul style="list-style-type: none"> ○ Tabulate information on any of the following since the last report: ○ Review of decision to refuse/revoke 	N/A	No change required for Committee .

		<p>accreditation, including the name of relevant program and provider, a summary of the reason for refusal/appeal and a summary of outcomes (eg decision upheld, decision substituted) and follow up action (can refer to any reports submitted to the Board for detail)</p> <ul style="list-style-type: none"> ○ The number of other appeals/reconsiderations heard by the Accreditation Committee and the outcomes, e.g. upheld, rejected etc 		
Work planned or underway	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA .	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.		No change required for Committee.

Domain 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 consistent with the National Law.

Measure	Initial report	Subsequent annual reports	Half yearly update	Committee (where this function is assigned)
Standards for assessment	Attach information on the assessment standards.	Advise if the assessment standard has changed since the last report and describe how stakeholders were involved in development and review of standards.		No change required for Committee.
Procedures for assessment	Attach a copy or provide a link to the current procedures for assessing authorities in other countries.	Attach a copy or provide a link to the current assessment procedures. Report no change, or summarise any significant change to the process and stakeholder engagement in the change process.	If changed since the most recent report, summarise any significant change to the process and the stakeholder engagement in the change process.	No change required for Committee.
Assessments of overseas assessing authorities (new, reviewed and monitoring)	Provide a list of overseas assessing authorities that have been assessed and recognised. If separate to procedures for assessment: <ul style="list-style-type: none"> ○ list the length of the periods of accreditation granted and ○ provide a description of the monitoring process 	List: <ul style="list-style-type: none"> ○ any new overseas assessing authorities assessed since the last report ○ any review or monitoring of overseas assessing authorities since the last report (Can refer to the reports submitted to the Board for detail)	As for annual reports, but for a half yearly period.	No change required for Committee.

<p>The authority follows its processes for decision-making and reporting</p>	<p>If separate to procedures for assessment, outline the decision making processes. For example, provide a flow chart or terms of reference of decision making Committees.</p>	<p>Provide advice about any changes to the decision making procedures since the last report or advise no change.</p>	<p>N/A</p>	<p>No change required for Committee.</p>
<p>Complaints, appeals/review</p>	<p>If separate to procedures for assessment, attach or provide a link to the complaints, review and appeals processes.</p>	<p>Tabulate information on any of the following since the last report: The number of other complaints/ appeals/reviews heard by the Accreditation Committee and the outcomes, e.g. upheld, rejected etc.</p>	<p>As for annual reports, but for a half year period.</p>	<p>No change required for Committee.</p>
<p>Work planned or underway</p>	<p>List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA .</p>	<p>List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.</p>		<p>As described, except for the reference to the agreement should be read as a reference to the TOR.</p>

Domain 7 Assessment of internationally qualified practitioners

This function has not been assigned to the MRP Accreditation Committee

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 internationally 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.

Measure	Initial report	Subsequent annual reports	Half yearly update	Committee (where this function is assigned)
The assessment standards, criteria and objectives	Attach information on the assessment standards, criteria and objectives .	Advise if the assessment standard, criteria or objectives has changed since the last report.		No change required for Committee.
Standard setting	Outline the standards setting methods used .	Indicate if the standards setting methods have changed since the last report and the reasons for the change.		No change required for Committee.
Procedures	Numbers of internationally qualified practitioners assessed by category (general, specialist, endorsement) since Accreditation Committee began the process.	Numbers of internationally qualified practitioners assessed by category since last report.	As for annual reports.	No change required for Committee.
Procedures for assessment	Attach a copy or provide a link to the current procedures for applying	Attach a copy or provide a link to the current assessment procedures. Report no change, or summarise any significant change to the process.	If changed since the most recent report, summarise any	No change required for Committee.

	for the assessment and information on the structure of the assessment.		significant change to the assessment procedures.	
Policies on examiners/assessor selection, training and review	If separate to procedures for assessment, attach a copy and/or provide a link to policy on examiners selection, training and review.	Report no change, or if changed since last report, attach a copy and/or provide a link to new policy	N/A	No change required for Committee
Complaints, appeals/review	If separate to procedures for assessment, attach or provide a link to the complaints, review and appeals processes.	Tabulate information on any of the following since the last report: <ul style="list-style-type: none"> The number of other complaints/ appeals/reviews heard by the Accreditation Committee and the outcomes, e.g. upheld, rejected etc 	As for annual reports, but for a half year period.	No change required for Committee.
Work planned or underway	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.	List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.		As described, except for the reference to the agreement should be read as a reference to the TOR.

Domain 8 Stakeholder collaboration

The accreditation authority works to build stakeholder support, and collaborates with other national and international accreditation authorities including other health profession accreditation authorities.

Measure	Initial report	Subsequent annual reports	Half yearly update	Application to Committee
Stakeholder engagement	If there is additional information to that provided under domain 1, to show current level of stakeholder engagement, provide here.	Advise if the assessment standard has changed since the last report and describe how stakeholders were involved in development and review of standards.		No change required for Committee.
Communication strategy	Provide a link to the authority's website. List other communication mechanisms or strategies, eg: <ul style="list-style-type: none"> ○ regular report to stakeholders ○ attendance at stakeholder meetings. 	Provide a link to the authority's website. List other communication mechanisms or strategies. Indicate no change or highlight any changes since last report.		No change required for Committee.
Collaboration with other national and international accreditation authorities	List mechanisms for collaboration. For example: <ul style="list-style-type: none"> ○ member of Forum of Australian Health Professions Accreditation Committees ○ Professions Australia workshops ○ contribution/attendance/membership of international group 	List any changes to mechanisms for collaboration.	As for annual reports, but for a half yearly period.	No change required for Committee.

<p>Working within national and international structures of quality assurance/ accreditation</p>	<p>List any other national or international principles/frameworks endorsed or adopted by the authority. For example FACHP Guidelines</p>	<p>List any changes to the national or international principles/frameworks endorsed or adopted by the authority.</p> <p>Indicate how the accreditation authority reviews its practices against these standards. For example :</p> <ul style="list-style-type: none"> ○ Built into annual or periodic review of accreditation procedures ○ Through FACHP meetings/workshops. 	<p>N/A</p>	<p>No change required for Committee.</p>
<p>Work planned or underway</p>	<p>List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.</p>	<p>List any work planned or begun which relates to this domain, and which is relevant to the authority's agreement with AHPRA.</p>		<p>No change required for Committee.</p>

Checklist of attachments – Committees

Previous period (1 July – 30 June: indicative reporting date October)

- A detailed financial report from AHPRA on revenue and expenditure relevant to the accreditation function and any other projects or work funded by the relevant national board.
- Report, as outlined above, against domains in the quality framework (due October each year).
- A half yearly update on activity against the work program (1 July to 31 December – due in March each year).

Prospective:

- A draft work plan and budget for the next financial year (October each year).

Attachment C

Accreditation of Programs of Study

Overview

It is expected that in addition to developing the accreditation standards for approval by the Board, the Committee will develop rigorous, fair and consistent processes for assessment of programs of study and their education providers against the approved accreditation standards and for monitoring programs during the accreditation cycle.

Under the National Law accreditation authorities accredit programs of study but national boards approve accredited programs of study for the purposes of registration.

Section 48 of the National Law specifies that an accreditation authority may accredit a program of study, if it is reasonably satisfied that the program meets an approved accreditation standard or will meet the standard within a reasonable time with the imposition of conditions. If the accreditation authority decides to accredit a program of study, with or without conditions, it must give the Board a report about the authority's accreditation of the program.

In consideration of the transition of accredited programs of study into the national scheme the Board requests that the Committee provide a report to identify:

- i) The review cycle for currently approved programs of study and the Committee processes to be implemented in meeting the timeframes such that timely reports can be provided to the Board in order to consider continued approval of these programs
- ii) Prospective new programs of study, noting that the National Law does not provide for interim, preliminary, provisional etc. accreditation, but instead requires an accreditation authority to either accredit with or without conditions or refuse to accredit programs of study. Identification of the Committee process for aligning any new programs into the national scheme will also be important.

AHPRA will publish on its website a list of programs of study approved by the Board as providing a qualification for registration.

Guidance – Procedures and Processes

Guidance about the National Law requirements is provided in the reference document Accreditation under the National Law available at <http://www.ahpra.gov.au/> It includes consideration of policies on assessment team members; documentation on accreditation standards and procedures for the program assessment; procedures for identifying and managing conflicts of interest in the work of accreditation teams and working Committees and the processes for decision-making and reporting.

Once a program been approved by the Board, the Committee must monitor the program and the education provider that provides the program to ensure that the Committee continues to be satisfied that the program and provider continue to meet the approved accreditation standard (s50(1)).

Attachment D

Review of Accreditation Arrangements

Overview

As indicated in AHPRA's paper Accreditation under the National Law (see <http://www.ahpra.gov.au/>) transparency and the effective operation of the national scheme requires sound relationships between responsible authorities. These relationships must enable the transfer of the information necessary for a national board to make decisions it is required to make under the National Law both expediently and autonomously. Satisfactory administrative, communication and governance arrangements for the accreditation system must therefore be in place. This includes having confidence in the decision making processes and the information and reports from the Committee to enable the Board to make autonomous decisions that will stand up to the scrutiny of administrative and judicial appeal and review processes.

Section 253(4) of National Law provides that the National Board established for the health profession must, not later than three years after the commencement day (1 July 2010), review the arrangements for the exercise of accreditation functions for the health profession. The review must include wide-ranging public consultation.

Section 301 of the National Law establishes a similar requirement for professions which entered the National Scheme on 1 July 2012, where Ministers appointed an external accreditation entity.

Although these provisions do not directly apply to the medical radiation profession as Ministers did not appoint an external accreditation entity, it is consistent with intent of the review process that it should apply to Accreditation Committees.

Guidance – Procedures and Processes

Accreditation authorities, national boards and AHPRA have agreed on a Quality Framework for the Accreditation Function which is the principal reference document for AHPRA and national boards to assess the work of accreditation authorities. The Quality Framework is included in the reference document Accreditation under the National Law, as indicated above.

Measures such as formal agreements; developing terms of reference; managing stakeholder input in to governance arrangements; ensuring that decision making processes are independent; developing procedures for identifying and managing conflicts of interest and clear operational management processes are items for the Committee to consider.

Timeframe

It is proposed that the review process is undertaken and completed by 31 December 2016.