

Aboriginal and Torres Strait Islander Health Practice accreditation process

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Contents

1.	Purpose of this document.....	3
2.	Background to accreditation of Aboriginal and Torres Strait Islander health practice programs under the National Law.....	3
3.	Overview of changes to statutory basis for accreditation of Aboriginal and Torres Strait Islander health practice programs	3
4.	Overview of ‘accreditation functions’ under the National Law	3
5.	Overview of the National Registration and Accreditation Scheme.....	4
5.1	Objectives of the National Scheme	4
5.2	Guiding principles of the National Scheme.....	4
6.	Governance structures and roles relevant to accreditation of Aboriginal and Torres Strait Islander health practice programs under the National Law	4
6.1	The Aboriginal and Torres Strait Islander Health Practice Accreditation Committee.....	4
6.2	Aboriginal and Torres Strait Islander health practice assessment teams	5
6.3	The Accreditation Unit	5
6.4	Decision-making roles of the National Board and Accreditation Committee.....	5
7.	Accreditation Committee activities	6
8.	Roles and responsibilities for assessment of Aboriginal and Torres Strait Islander health practice programs.....	6
8.1	Appointment and training of assessors	6
8.2	Management of assessor conflicts of interest and potential bias.....	7
8.3	Establishing Assessment Teams.....	7
8.4	Assessment Team Leader.....	7
8.5	Assessment Team responsibilities	7
8.6	Accreditation Unit responsibilities.....	8
8.7	Secure storage and destruction of accreditation materials	8
9.	Processes for the assessment prior to accreditation of Aboriginal and Torres Strait Islander health practice programs	8
9.1	Submitting information about delivery of the Certificate IV qualification	8
9.2	Initial consideration of information from an education provider	9
9.3	Applying for assessment and accreditation under the National Law.....	9
9.4	Format of application for assessment and accreditation	9

9.5	Checking accreditation application and forwarding to the Assessment Team	9
9.6	Review and evaluation of accreditation application.....	9
9.7	Further evaluation of education provider and program	10
9.8	Preparing the draft assessment team report	10
9.9	Education provider review of the draft assessment team report	10
9.10	Reviewing any written advice from the education provider	10
9.11	Preparing the final assessment team report.....	10
10.	Processes for decisions about accreditation of Aboriginal and Torres Strait Islander health practice programs	11
10.1	Accreditation Committee preliminary decision about accreditation	11
10.2	Education provider may respond to preliminary decision	11
10.3	Reviewing any written response from the education provider.....	11
10.4	Confirming the Accreditation Committee's final accreditation decision.....	11
10.5	Reporting of Accreditation Committee decisions on accreditation	12
11.	Processes for monitoring of accredited Aboriginal and Torres Strait Islander health practice programs	12
11.1	Overview	12
11.2	Monitoring by evaluating responses from education providers	12
11.3	Requirement to report to the Accreditation Committee about conditions.....	13
11.4	Requirement to respond to requests for routine data.....	13
11.5	Requirement to notify the Accreditation Committee of any change	13
11.6	Monitoring by evaluating other information	13
11.7	Option to require a full assessment against the accreditation standards.....	14
12.	Processes for evaluating responses to the monitoring requirements.....	14
12.1	Selection of assessors.....	14
12.2	Review and evaluation of report or notification	14
12.3	Drafting the monitoring report.....	14
12.4	Accreditation Committee consideration of draft monitoring report	14
12.5	Preparing the accreditation status report.....	14
13.	Processes for decisions during monitoring of approved Aboriginal and Torres Strait Islander health practice programs	15
13.1	Accreditation Committee monitoring decision	15
13.2	Reporting of Accreditation Committee decisions on continued accreditation	15
14.	Process for complaints about Aboriginal and Torres Strait Islander health practice programs and education providers.....	16
15.	Flowcharts of the processes described in this document	17
15.1	Flowchart of processes for assessment and accreditation.....	17
15.2	Flowchart of program assessment, accreditation and approval under the National Law.....	18
15.3	Flowchart of monitoring under the National Law	19
	Glossary	20
	List of acronyms	20
	Attachment A: Example of notice of change by education provider	21

1. Purpose of this document

The purpose of this document is to describe the processes that the Aboriginal and Torres Strait Islander health practice Accreditation Committee will use to assess, accredit and monitor Aboriginal and Torres Strait Islander health practice courses (programs of study or programs) under the Health Practitioner Regulation National Law, as in force in each state and territory (National Law).

2. Background to accreditation of Aboriginal and Torres Strait Islander health practice programs under the National Law

Before 1 July 2012, the Aboriginal Health Worker Board of the Northern Territory performed the accreditation of programs of study leading to qualifications for Aboriginal health workers.

Since 1 July 2012, the accreditation functions for Aboriginal and Torres Strait Islander health practice have been exercised under the National Law.

3. Overview of changes to statutory basis for accreditation of Aboriginal and Torres Strait Islander health practice programs

On 1 July 2012, the National Law replaced the legislation that regulated Aboriginal Health Workers in the Northern Territory. The National Law provides for the accreditation of programs of study leading to qualifications in Aboriginal and Torres Strait Islander health practice.

The National Law establishes a National Board for each of the fourteen professions within the National Registration and Accreditation Scheme (the National Scheme) and empowers each National Board to decide whether accreditation functions for the relevant profession will be carried out by an external accreditation entity, or by a committee established by that National Board.

The National Board for Aboriginal and Torres Strait Islander health practice (the Aboriginal and Torres Strait Islander Health Practice Board of Australia or National Board) decided a committee (the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee or Accreditation Committee) established by the National Board would carry out the accreditation functions for the Aboriginal and Torres Strait Islander health practice profession.

Accreditation committees are a special type of committee under the National Law, as they are established by a National Board but, once established, they exercise accreditation functions directly under the National Law without any delegation to the committee by the National Board.

4. Overview of 'accreditation functions' under the National Law

The definition of '*accreditation function*' under section 42 of the National Law means any of the following five activities:

- (a) developing accreditation standards for approval by a National Board
- (b) assessing programs of study (programs), and the education providers that provide the programs, to determine whether the programs meet approved accreditation standards
- (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 practice the profession in Australia
- (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 the National Law and whose qualifications are not approved qualifications for the health profession, or
- (e) making recommendations and giving advice to a National Board about one of the above activities.

The Accreditation Committee currently exercises accreditation functions (a), (b) and (e) under the National Law. The processes described in this document relate to the accreditation function (b) and take into account the relevant provisions of the National Law, including *section 48 Accreditation of programs of study* and *section 50 Accreditation authority to monitor approved programs of study*.

5. Overview of the National Registration and Accreditation Scheme

The National Law establishes the National Scheme.

The National Scheme underpins the safety and quality of the health system in Australia. The assessment and accreditation of programs of study that qualify graduates as health practitioners are fundamental to the National Scheme.

The accreditation processes described in this document must be implemented under the overarching framework of the National Law, its objectives and guiding principles.

The six objectives and three guiding principles of the National Scheme set out in the National Law are reproduced below.

5.1 Objectives of the National Scheme

The objectives of the National Scheme are to:

- (a) 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
- (b) 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
- (c) facilitate the provision of high quality education and training of health practitioners
- (d) facilitate the rigorous and responsive assessment of overseas-trained health practitioners
- (e) facilitate access to services provided by health practitioners in accordance with the public interest, and
- (f) 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.

5.2 Guiding principles of the National Scheme

The guiding principles of the National Scheme are:

- (a) the National 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, and
- (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.

6. Governance structures and roles relevant to accreditation of Aboriginal and Torres Strait Islander health practice programs under the National Law

Implementation of the accreditation processes described in this document involves:

- (a) the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
- (b) Aboriginal and Torres Strait Islander health practice assessment teams, and
- (c) the Accreditation Unit.

6.1 The Aboriginal and Torres Strait Islander Health Practice Accreditation Committee

The Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (Accreditation Committee) is the independent accreditation entity established by the National Board to exercise accreditation functions for the Aboriginal and Torres Strait Islander health practice profession. The Accreditation Committee exercises accreditation functions under Division 3 of Part 6 of the National Law.

Information about the Accreditation Committee, including its Terms of Reference is available under [Accreditation](#) on the National Board website.

6.2 Aboriginal and Torres Strait Islander health practice assessment teams

The Accreditation Committee will appoint suitably qualified and experienced individuals to assessment teams. The roles of each Aboriginal and Torres Strait Islander health practice assessment team (Assessment Team) are to:

- (a) assess the relevant Aboriginal and Torres Strait Islander health practice program, and the education provider that provides that program, against the accreditation standards, and
- (b) provide the Accreditation Committee with a report of the Assessment Team's findings in relation to each accreditation standard.

Information about the appointment of Assessment Teams, and their responsibilities, is provided in Section 8 of this document.

6.3 The Accreditation Unit

The National Law establishes a single agency to support the National Scheme - the Australian Health Practitioner Regulation Agency (AHPRA).

AHPRA has created an Accreditation Unit to provide high quality support to accreditation within the National Scheme.

One of the roles of the Accreditation Unit within AHPRA is to provide effective support to the Accreditation Committee in its exercising of the accreditation functions.

The Accreditation Unit is located at AHPRA's National Office in Melbourne.

6.4 Decision-making roles of the National Board and Accreditation Committee

The National Law explicitly separates the registration and accreditation functions for each profession between the National Board and its accreditation entity respectively.

Under this structure:

- (a) the National Board is responsible for any decisions about registration of practitioners. This includes decisions about whether an individual is suitably qualified for registration as a Aboriginal and Torres Strait Islander health practitioner, and
- (b) the Accreditation Committee is responsible for any decisions about accreditation of Aboriginal and Torres Strait Islander health practice programs. This includes decisions about whether the program, and the education provider that provides the program, meet the accreditation standards.
- (c) Conversely, the National Board does not make decisions about accreditation of Aboriginal and Torres Strait Islander health practice programs and the Accreditation Committee does not make decisions about registration of practitioners.

Whilst the National Law separates the registration and accreditation functions and decisions, it also sets out the relationship between these functions and decisions.

The Accreditation Committee:

- receives reports from Assessment Teams
- makes decisions about accreditation of programs, and
- notifies the National Board of its accreditation decisions.

The National Board:

- receives notice of accreditation decisions from the Accreditation Committee, and
- makes decisions about approval of accredited programs as providing qualifications suitable for registration as an Aboriginal and Torres Strait Islander health practitioner.

The separation of the registration and accreditation functions and decisions is one mechanism under the National Law to ensure that only individuals who are suitably trained and qualified to practise in a competent and ethical manner are registered as Aboriginal and Torres Strait Islander health practitioners.

7. Accreditation Committee activities

Under the National Law, the accreditation of Aboriginal and Torres Strait Islander health practice programs by the Accreditation Committee involves three key areas of activity:

- (a) *assessment* of delivery of the *Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice)* (Certificate IV qualification), and the education provider (registered training organisation) delivering the Certificate IV qualification, against the accreditation standards (this includes assessment of the two programs that transitioned as approved programs on 1 July 2012 – see section 9.4)
- (b) decisions about accreditation of programs, and
- (c) *monitoring* of accredited programs and the education providers offering them, to ensure the Accreditation Committee continues to be satisfied the program and provider meet the accreditation standards.

8. Roles and responsibilities for assessment of Aboriginal and Torres Strait Islander health practice programs

The Accreditation Committee appoints and trains assessors and establishes Aboriginal and Torres Strait Islander health practice assessment teams (Assessment Teams).

Assessment Teams are responsible for assessing education providers and their Aboriginal and Torres Strait Islander health practice programs against the Aboriginal and Torres Strait Islander health practice accreditation standards.

AHPRA assigns a member of the Accreditation Unit to support each Assessment Team.

8.1 Appointment and training of assessors

The Accreditation Committee will call for expressions of interest from suitably qualified and experienced individuals to be appointed by the committee as assessors.

Assessors may be members of the Accreditation Committee, or individuals identified by the Accreditation Committee as having the qualifications, skills and experience required for appointment as an assessor, such as:

- (a) sound knowledge of clinical Aboriginal and Torres Strait Islander health practice and experience in clinical education
- (b) current registration with the National Board as a Aboriginal and Torres Strait Islander Health Practitioner and a sound knowledge of clinical practice and experience in clinical education related to the Certificate IV qualification, and
- (c) sound knowledge of education and experience in teaching and learning in a health related discipline.

Initial appointment as an assessor is subject to:

- (a) probity checks, such as criminal history check and declaration of private interests
- (b) satisfactory completion of assessor training, and
- (c) signing of a confidentiality agreement.

The term of appointment of each assessor is three years and each assessor must satisfactorily complete re-training prior to being eligible for re-appointment at the end of each three year term.

The confidentiality agreement is a legally binding agreement that covers confidentiality, privacy and intellectual property matters and remains effective even after the assessment is completed.

8.2 Management of assessor conflicts of interest and potential bias

Before and during their appointment, each assessor must disclose:

- (a) any personal or professional interest or duty relevant to the performance of their responsibilities as an assessor, and
- (b) any other matters that may influence or be perceived to influence their ability to perform their responsibilities objectively.

The Accreditation Committee will, in consultation with the Accreditation Unit, take all reasonable steps to manage any actual, perceived or potential influence on the ability of any assessor to fulfil their responsibilities objectively.

8.3 Establishing Assessment Teams

The Accreditation Committee will generally establish an Assessment Team for each program.

Each Assessment Team will generally comprise two assessors being:

- (a) an assessor who is a registered Aboriginal and Torres Strait Islander health practitioner, or an Aboriginal Health Worker, who has a sound knowledge of clinical practice and experience in clinical education, or where this is not possible
- (b) an assessor that has current experience in delivery of the HLT 40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification and sound knowledge of Aboriginal and/or Torres Strait Islander primary health Care practice and experience in clinical education/workplace training - this person is not required to be a registered Aboriginal and Torres Strait Islander health practitioner or Aboriginal Health Worker, and
- (c) an assessor who has a sound knowledge of education and experience in teaching and learning – this person is not required to be a registered Aboriginal and Torres Strait Islander health practitioner.

At least one of the two assessors needs to be an Aboriginal or Torres Strait Islander person.

Before confirming the establishment of any Assessment Team, the Accreditation Unit will give the relevant education provider written notice about the proposed team, including the names and relevant background of each assessor.

The education provider may submit details of any matters that it considers may influence or be perceived to influence the ability of any assessor on the proposed Assessment Team to fulfil his or her responsibilities objectively.

If the education provider provides details of any such matters, the Accreditation Committee will, in consultation with the Accreditation Unit, take all reasonable steps to manage any actual, perceived or potential influence on the ability of any assessor to fulfil his or her responsibilities objectively before confirming establishment of the Assessment Team.

8.4 Assessment Team Leader

After establishing each Assessment Team, the Accreditation Committee will select one assessor from the established team as Assessment Team Leader..

The Assessment Team Leader will generally be an assessor who has a sound knowledge of Aboriginal and Torres Strait Islander health practice education and an understanding of accreditation processes.

The Assessment Team Leader will be the main point of contact for the Accreditation Unit and will generally lead all meetings including the teleconference with the education provider.

8.5 Assessment Team responsibilities

The Assessment Team is responsible for assessing the education provider and the program offered by the education provider against the Aboriginal and Torres Strait Islander Health Practice Board of Australia's accreditation standards (approved accreditation standards) by:

- (a) evaluating the information in the education provider's application (self-audit and supporting materials) against the approved accreditation standards
- (b) evaluating information gathered during a teleconference with representatives of the education provider
- (c) reviewing, commenting on and signing off assessment team reports prepared by the Accreditation Unit in consultation with the Assessment Team, and
- (d) confirming that assessment team reports are ready to be submitted by the Accreditation Unit to the Accreditation Committee.

8.6 Accreditation Unit responsibilities

The Accreditation Unit is responsible for (where relevant, in consultation with the Accreditation Committee and Assessment Team):

- (a) coordinating assessor training
- (b) maintaining a database of individuals who have satisfactorily completed assessor training
- (c) communicating with education providers about assessment and accreditation of programs
- (d) arranging Assessment Team meetings
- (e) arranging teleconferences with the education provider
- (f) providing Accreditation Unit support for the Assessment Teams
- (g) subject to relevant consent, arranging audio recording of teleconferences between the Assessment Teams and representatives of education providers,
- (h) using templates to prepare draft assessment team reports based on the Assessment Team's evaluation of the education provider and the program against the approved accreditation standards, and
- (i) submitting confirmed assessment team reports to the Accreditation Committee.

8.7 Secure storage and destruction of accreditation materials

Assessors must ensure any electronic materials are deleted and removed from devices and any hardcopy accreditation materials are disposed through secure destruction when an assessment has been completed. The Accreditation Unit will assist assessors with these arrangements if required.

9. Processes for the assessment prior to accreditation of Aboriginal and Torres Strait Islander health practice programs

In order for graduates to qualify for registration as an Aboriginal and Torres Strait Islander Health Practitioner under the National Law, an education provider and their delivery of the *Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice* (Certificate IV qualification), must be assessed and accredited by the Accreditation Committee and approved by the National Board.

9.1 Submitting information about delivery of the Certificate IV qualification

An education provider offering, or planning to offer, the Certificate IV qualification and wants to gain accreditation under the National Law is required to contact the Accreditation Unit and provide the following information as soon as possible after the provider is approved by the Australian Skills Quality Authority (ASQA) or the Training Accreditation Council (TAC) to deliver and assess the qualification:

- (a) contact details for the person responsible for planning and delivery of the Certificate IV qualification
- (b) the month and year the education provider plans to enrol the first students in the Certificate IV qualification

- (c) the duration of the Certificate IV qualification from commencement to completion, and
- (d) any other details the education provider considers relevant to its delivery of the Certificate IV qualification.

9.2 Initial consideration of information from an education provider

- (a) Upon receipt of information from an education provider, the Accreditation Unit will provide the information to the Accreditation Committee for initial consideration.
- (b) The Accreditation Committee will request the Accreditation Unit to:
 - send the education provider an application pack, and
 - confirm the due date for submission by the education provider of its application for assessment and accreditation.

9.3 Applying for assessment and accreditation under the National Law

An education provider is required to submit its application for assessment and accreditation by the date confirmed by the Accreditation Unit.

9.4 Format of application for assessment and accreditation

The Accreditation Unit will provide each education provider with the accreditation standards, accreditation process, guidance material and the application form that the education provider is required to complete and submit with its application for assessment and accreditation (accreditation application).

The accreditation application will consist of a self-audit by the education provider and supporting materials that the education provider considers are the best available evidence of the claims made in its self-audit.

The self-audit will require the education provider to identify the overall strengths and weaknesses of its delivery of the Certificate IV qualification and to suggest strategies it could implement (or is implementing) to address identified weaknesses, as well as any other actions that are in place to improve the delivery of the Certificate IV qualification. The self-audit will also require the education provider to explain the extent to which it has met (or plans to meet) each of the approved accreditation standards, and to provide a specific reference to the evidence supporting each explanation.

9.5 Checking accreditation application and forwarding to the Assessment Team

The Accreditation Unit will check that each accreditation application has addressed each accreditation standard and has been submitted in accordance with the instructions.

The Accreditation Unit will notify the education provider if their application does not comply with the instructions and provide details about the non-complying aspects. The education provider will be required to re-submit any application that does not comply with the instructions and the committee reserves the right to charge a resubmission fee.

The Accreditation Unit will only forward an accreditation application to the respective Assessment Team if it complies with the instructions.

9.6 Review and evaluation of accreditation application

The Assessment Team will review the application and evaluate the information submitted by the education provider against the approved accreditation standards and may meet to discuss their evaluation. The Assessment Team will, as part of the evaluation, consider and advise the Accreditation Unit about any additional information it requires the education provider to submit prior to the teleconference with representatives of the education provider.

The Accreditation Unit will notify the education provider about the information that the Assessment Team has advised it requires the education provider to submit.

The education provider will send the Accreditation Unit any further information requested by the Assessment Team. The Assessment Team will review any further information prior to the teleconference with representatives of the education provider.

9.7 Further evaluation of education provider and program

The Assessment Team will meet with representatives from the education provider by teleconference as part of its further evaluation of an education provider and program. A teleconference is generally held over a period of three hours and within three months after the Assessment Team receives the accreditation application.

The Accreditation Unit will, in consultation with the Assessment Team and the education provider, coordinate plans for the teleconference, including the schedule.

The purpose of the teleconference is for the education provider to provide the Assessment Team with an opportunity to seek further information or clarification that can best be asked for and provided by discussion between the Assessment Team and representatives of the education provider.

Prior to the teleconference, the Accreditation Unit will usually provide the education provider with a list of the matters that the Assessment Team wants to discuss and any representatives that the Assessment Team specifically want to meet.

The Assessment Team may require the education provider to:

- Submit additional supporting documents after the teleconference.
- The Assessment Team will generally require additional supporting documents if the education provider refers to new information during the teleconference.

9.8 Preparing the draft assessment team report

Following the teleconference, the Accreditation Unit will work with the Assessment Team to prepare a draft assessment team report. The Accreditation Unit will send the draft report to the Assessment Team for confirmation and approval before the draft report is sent to the education provider for review.

9.9 Education provider review of the draft assessment team report

The Accreditation Unit will send the draft assessment team report to the education provider for review. The education provider will be required to advise the Accreditation Unit, in writing and within a defined period, of any factual errors in the draft report. The education provider is not generally able to submit new information as part of their advice about any factual errors.

9.10 Reviewing any written advice from the education provider

The Accreditation Unit, in consultation with the Assessment Team, will review any written advice received from the education provider about any factual errors and may:

- (a) proceed to prepare the final assessment team report, or
- (b) amend the draft assessment team report and send it to the Assessment Team for confirmation and approval before proceeding to prepare the final assessment team report.

The Accreditation Unit will generally not send any new information to the Assessment Team at this stage of the assessment.

9.11 Preparing the final assessment team report

The Accreditation Unit, in consultation with the Assessment Team, will prepare the final assessment team report using a standard report template.

The final assessment team report:

- (a) will indicate whether or not, on the basis of their evaluation, the Assessment Team submits to the Accreditation Committee that the education provider and program have met each accreditation standard
- (b) may recommend that the Accreditation Committee imposes conditions and/or establishes specific monitoring requirements, and

- (c) will be sent to the Assessment Team for confirmation and approval before the Accreditation Unit provides the final assessment team report to the Accreditation Committee for their consideration.

10. Processes for decisions about accreditation of Aboriginal and Torres Strait Islander health practice programs

10.1 Accreditation Committee preliminary decision about accreditation

The Accreditation Committee will consider the content of the final assessment team report and make a preliminary decision about accreditation of the program. The Accreditation Committee will be able to ask questions of the Assessment Team as part of their consideration of the content of the assessment team report. The Accreditation Committee will confirm that the Accreditation Unit should send the education provider written notice of the Accreditation Committee's preliminary decision and provide the Accreditation Committee's reasons for its preliminary decision as well as a copy of the accreditation report confirmed by the Accreditation Committee.

10.2 Education provider may respond to preliminary decision

The Accreditation Unit will send the education provider written notice of the Accreditation Committee's preliminary decision about accreditation and provide the Accreditation Committee's reasons for its preliminary decision as well as a copy of the accreditation report.

The education provider may, if it wishes, submit to the Accreditation Unit in writing and within a defined period, a written response to the Accreditation Committee's preliminary decision about accreditation.

10.3 Reviewing any written response from the education provider

The Accreditation Committee, in consultation with Accreditation Unit, will review any submission by the education provider in response to the committee's preliminary decision about accreditation and may:

- (a) confirm its final decision on accreditation of the program, or
- (b) defer its final decision on accreditation of the program and request the Assessment Team continue to assess the program and provider against the accreditation standards and to prepare an amended assessment team report for the Accreditation Committee.

10.4 Confirming the Accreditation Committee's final accreditation decision

The Accreditation Committee may decide to accredit the program, with or without conditions. The Accreditation Committee may also decide to refuse to accredit the program.

The Accreditation Committee may decide to accredit a program if the Accreditation Committee determines that, on the basis of the assessment team's findings, the education provider and program meet all approved accreditation standards.

The Accreditation Committee may decide to impose conditions on the accreditation of a program if Accreditation Committee determines that, on the basis of the assessment team's findings:

- (a) the education provider and program substantially meet the approved accreditation standards, and
- (b) the imposition of conditions will ensure all approved accreditation standards are met within a reasonable time.

The Accreditation Committee may decide to refuse to accredit a program if the Accreditation Committee determines that, on the basis of the assessment team's findings

- (a) the education provider and program have not substantially met the approved accreditation standards, or
- (b) despite the imposition of conditions, the education provider and program will be unable to meet the approved accreditation standards within a reasonable time.

10.5 Reporting of Accreditation Committee decisions on accreditation

The Accreditation Committee must advise the National Board of its accreditation decisions and provide copies of its accreditation reports.

The Accreditation Committee will also advise the education provider of any accreditation decision.

If the Accreditation Committee decides to impose conditions on accreditation of a program, or to establish specific monitoring requirements, it will set out the conditions and specific monitoring requirements in its accreditation report and specify the timeframe in which the education provider must respond to the conditions and any specific monitoring.

If the Accreditation Committee decides to refuse to accredit a program it must give written notice of the decision to the education provider and include the reasons for the decision and outline how the education provider may apply for an internal review of the decision.

Under the National Law, the education provider may apply for an internal review within 30 days of receiving the notice of the accreditation decision. The processes for internal review are described in a separate document.

11. Processes for monitoring of accredited Aboriginal and Torres Strait Islander health practice programs

11.1 Overview

Section 50 of the National Law outlines the responsibility of the Accreditation Committee to monitor approved programs of study and the education providers offering them, to ensure the committee continues to be satisfied the program and provider meet the approved accreditation standards.

The intent of monitoring under the National Law is to provide an opportunity for early intervention by the Accreditation Committee if concerns are raised about a program, and to maximise the likelihood that students who are undertaking study in that program can complete their studies and graduate with a qualification that will be recognised by the National Board for the purposes of registration in the health profession.

Although the Accreditation Committee does not accredit programs for a set period, a program remains accredited only if the committee continues to be satisfied the program and provider meet the approved accreditation standards. The committee must monitor the program and may impose conditions or revoke accreditation of a program if it finds the standards are not longer being met.

The Accreditation Committee monitors whether the program and education provider continue to meet the accreditation standards, including by:

- (a) evaluating reports about accredited programs submitted by education providers to the committee
- (b) evaluating other information about accredited programs that comes to the committee's attention such as complaints about an education provider or program, details published by the education provider, the government, the respective professional association, reports in the media or staff advertisements.

11.2 Monitoring by evaluating responses from education providers

When the Accreditation Committee advises an education provider of its decision to accredit the program for the first time, the committee will provide details of the monitoring requirements that the committee has established for that education provider. It is standard policy for one of the monitoring requirements to be a condition requiring a site visit within one year of the Committee's original accreditation of a program (unless a site visit has already been completed). The Committee generally removes that condition after considering the assessment team's report on the site visit.

The Accreditation Committee may re-establish the reporting requirements for any education provider in response to findings from the committee's monitoring of relevant program(s).

The monitoring requirements established by the Accreditation Committee which will generally include:

- (a) a requirement for the education provider to report by specific dates on its compliance with any conditions imposed by the Accreditation Committee
- (b) a requirement for the education providers to submit key statistical data and other details to the Accreditation Committee on a routine (generally annual) basis
- (c) a requirement for education providers to notify the Accreditation Committee in writing of any planned and/or implemented changes to an accredited program, and
- (d) a requirement for the education provider to respond to any request by the Accreditation Committee for information as required, including through specific monitoring requirements, to ensure the committee continues to be satisfied that the approved accreditation standards are being met by the program and provider.

The Accreditation Committee requires each education provider to comply with its monitoring requirements by submitting information in the required format and by the due dates.

11.3 Requirement to report to the Accreditation Committee about conditions

If a program is accredited with conditions, the Accreditation Committee will advise the education provider about those conditions and identify when any responses to the conditions are due.

The responses to conditions imposed by the committee may require:

- (a) written submissions from the education provider
- (b) site visits and teleconferences
- (c) meetings by the assessors with groups or individuals, including with representatives of the education provider, or
- (d) any other type of response the committee considers appropriate in the circumstances.

11.4 Requirement to respond to requests for routine data

All education providers must submit key statistical data and other details to the Accreditation Committee when requested – generally this is required from the education provider on an annual basis.

11.5 Requirement to notify the Accreditation Committee of any change

The education provider is required to submit a *Notice of change form* (example in Attachment A) if the provider plans or implements material changes to an approved program, where the change means students will complete a program that is different to the program that was accredited. The education provider must also submit a *Notice of change form* if the provider plans or implements changes to any aspect of its governance or operations that may impact on its ability to continue to meet the accreditation standards.

11.6 Monitoring by evaluating other information

The Accreditation Committee may become aware of problems through receipt of a complaint about an education provider or program. The Accreditation Committee may become aware of other matters relevant to accreditation of a program through means such as details published by the education provider, the government, the respective professional association, reports in the media or advertisements.

If the Accreditation Committee receives a complaint or becomes aware of such matters, it will decide whether it requires the education provider to submit any type of report to ensure the committee continues to be satisfied that the program and provider are meeting the approved accreditation standards.

If the Accreditation Committee decides to require the education provider to report, it will advise the education provider about what type of report is required to enable the committee to decide whether the standards continue to be met and when any report is due.

11.7 Option to require a full assessment against the accreditation standards

The Accreditation Committee may determine at any time that a full assessment against the accreditation standards is required to enable the committee to decide whether the standards continue to be met and when any report is due.

12. Processes for evaluating responses to the monitoring requirements

12.1 Selection of assessors

The Accreditation Committee may evaluate responses to monitoring requirements itself or it may select two or three assessors to:

- (a) review and evaluate any response or notification submitted by an education provider, and
- (b) draft a monitoring report for consideration by the committee using a standard report template.

12.2 Review and evaluation of report or notification

The selected assessors or members of the Accreditation Committee will review the response or notification submitted by an education provider and evaluate the information against the approved accreditation standards and may meet to discuss their evaluation.

The selected assessors or members will, as part of the evaluation, consider and advise the Accreditation Unit about any information they require the education provider to submit to enable them to draft their monitoring report where that information relates directly to the scope of the monitoring report.

The Accreditation Unit will notify the education provider about the information that the assessors or members require the education provider to submit.

12.3 Drafting the monitoring report

The assessors or members will draft a monitoring report for consideration by the Accreditation Committee using a standard report template. The monitoring report will summarise the assessors' or members' evaluation of information submitted by the education provider and, when applicable, identify any evidence that the education provider or its program of study may not continue to meet the accreditation standards.

12.4 Accreditation Committee consideration of draft monitoring report

The Accreditation Committee will consider the draft monitoring report and make a decision about whether it has sufficient information to ensure it continues to be satisfied that the program and provider continue to meet the approved accreditation standards.

If the Accreditation Committee decides it has insufficient information to ensure it continues to be satisfied that the program and provider continue to meet the approved accreditation standards, the committee may require the education provider to submit a further response under paragraph 11.2(d) above.

If the Accreditation Committee decides it has sufficient information it must proceed to prepare an accreditation status report.

12.5 Preparing the accreditation status report

The Accreditation Unit, in consultation with the Accreditation Committee, will prepare the accreditation status report using a standard report template.

The accreditation status report:

- (a) will indicate whether, on the basis of the findings in that report, the education provider and program continue to meet the accreditation standards, and
- (b) may include new monitoring requirements (including site visit, full assessment or other actions), particularly if the information indicates that any standard has not been met.

13. Processes for decisions during monitoring of approved Aboriginal and Torres Strait Islander health practice programs

13.1 Accreditation Committee monitoring decision

The Accreditation Committee will consider the content of the monitoring report and make a decision about continued accreditation of the program.

The Accreditation Committee may decide to continue to accredit the program, with or without conditions. The Accreditation Committee may also decide to revoke accreditation of the program.

The Accreditation Committee may decide to continue to accredit a program if the final monitoring report indicates the education provider and program meet all approved accreditation standards.

The Accreditation Committee may decide to impose conditions on the continued accreditation of a program if the final monitoring report indicates:

- (a) the education provider and program substantially meet the approved accreditation standards, and
- (b) the imposition of conditions will ensure all approved accreditation standards are met within a reasonable time.

The Accreditation Committee may decide to revoke accreditation of a program if the final monitoring report indicates that the education provider and program no longer meet the approved accreditation standards.

The Committee will confirm that the Accreditation Unit should send the education provider written notice of the Accreditation Committee's decision about continued accreditation of the program and as well as a copy of the accreditation status report.

If the Accreditation Committee's decision changes the accreditation status, the Accreditation Unit will send the education provider written notice of the Accreditation Committee's decision about continued accreditation and provide the Accreditation Committee's reasons for its decision as well as a copy of the accreditation report.

If the Accreditation Committee's decision changes the accreditation status, the education provider may, if it wishes, submit to the Accreditation Unit in writing and within a defined period, a written response to the Accreditation Committee's decision about continued accreditation.

The Accreditation Committee, in consultation with Accreditation Unit, will review any submission by the education provider in response to the committee's decision about continued accreditation and may:

- (a) confirm its decision on continued accreditation of the program, or
- (b) defer its decision on continued accreditation of the program and request the Assessment Team continue to assess the program and provider against the accreditation standards and to prepare an amended monitoring report for the Accreditation Committee.

13.2 Reporting of Accreditation Committee decisions on continued accreditation

The Accreditation Committee must advise the National Board of its decisions on continued accreditation and provide copies of its accreditation status reports.

The Accreditation Committee will also advise the education provider of any decision on continued accreditation.

If the Accreditation Committee decides to impose conditions on continued accreditation of a program, or to establish specific monitoring requirements, it will set out the conditions and specific monitoring requirements in its accreditation status report and specify the timeframe in which the education provider must respond to the conditions and any specific monitoring.

If the Accreditation Committee decides to revoke accreditation of a program it must give written notice of the decision to the education provider, including the reasons for the decision and outlining how the education provider may apply for an internal review of the decision. The processes for internal review are described in a separate document.

14. Process for complaints about Aboriginal and Torres Strait Islander health practice programs and education providers

The National Board, Accreditation Committee and AHPRA may receive complaints about Aboriginal and Torres Strait Islander health practice programs and education providers.

The National Board and AHPRA will forward any such complaints to the Accreditation Committee for consideration.

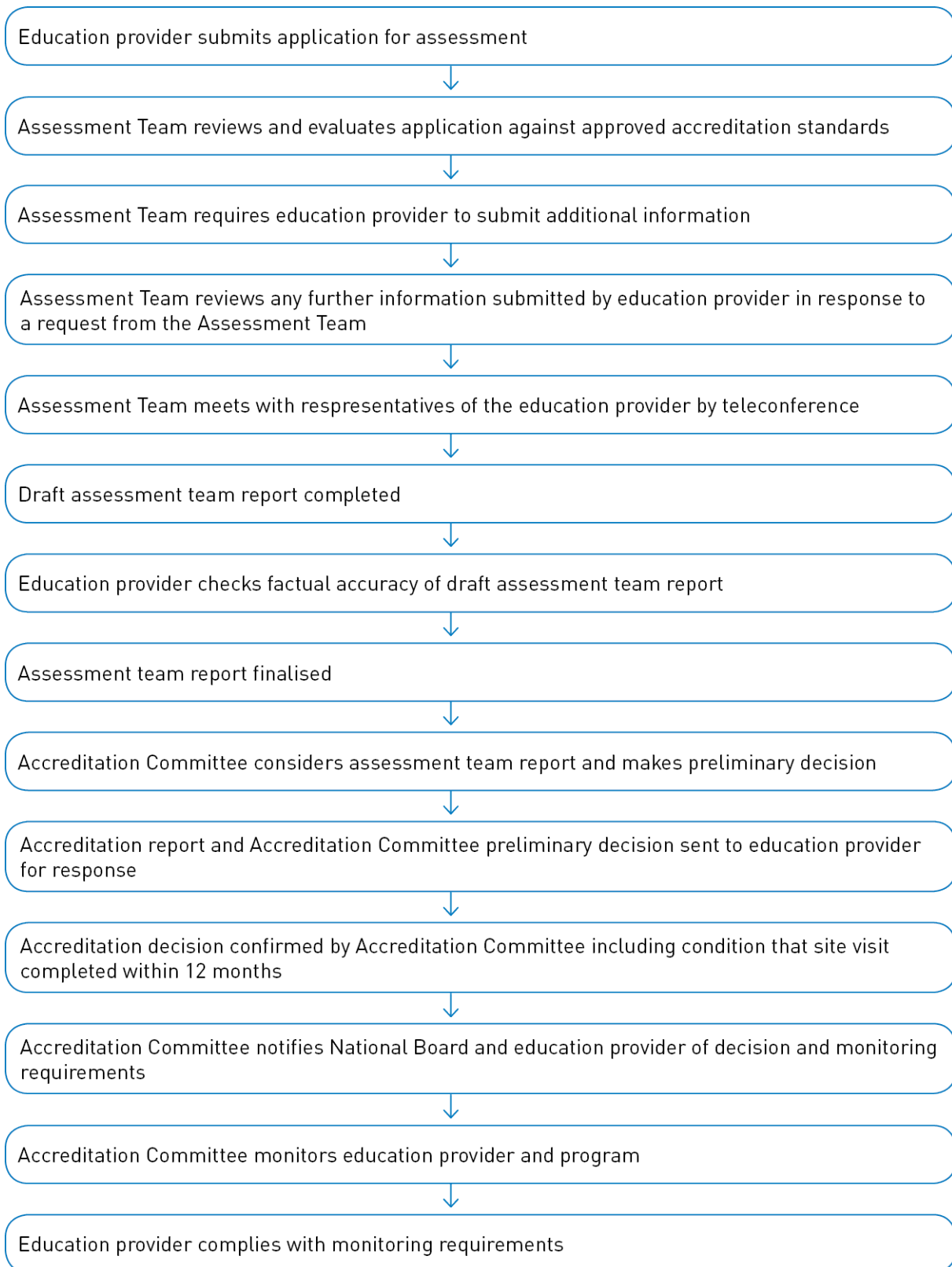
After considering any complaint, the Accreditation Committee may determine that the complaint is:

- (a) not relevant to accreditation of the program, or
- (b) relevant to accreditation of the program and take such action as the committee considers reasonable in the circumstances to ensure it continues to be satisfied that the program and provider are meeting the approved accreditation standards.

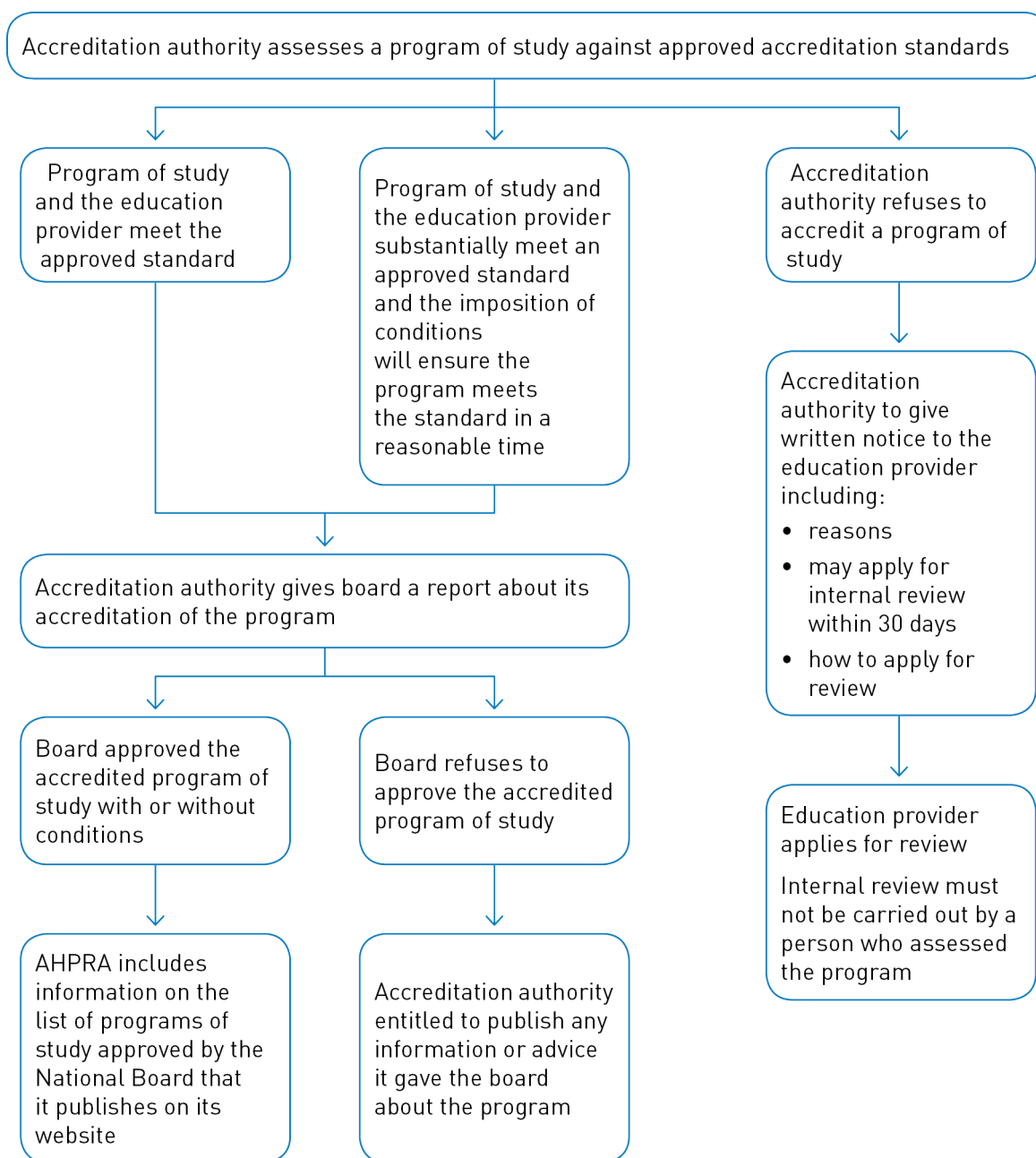
The Accreditation Committee must ensure the National Board and the complainant are advised when the complaint is received by the committee and notified of the outcome of the committee's consideration of the complaint.

15. Flowcharts of the processes described in this document

15.1 Flowchart of processes for assessment and accreditation

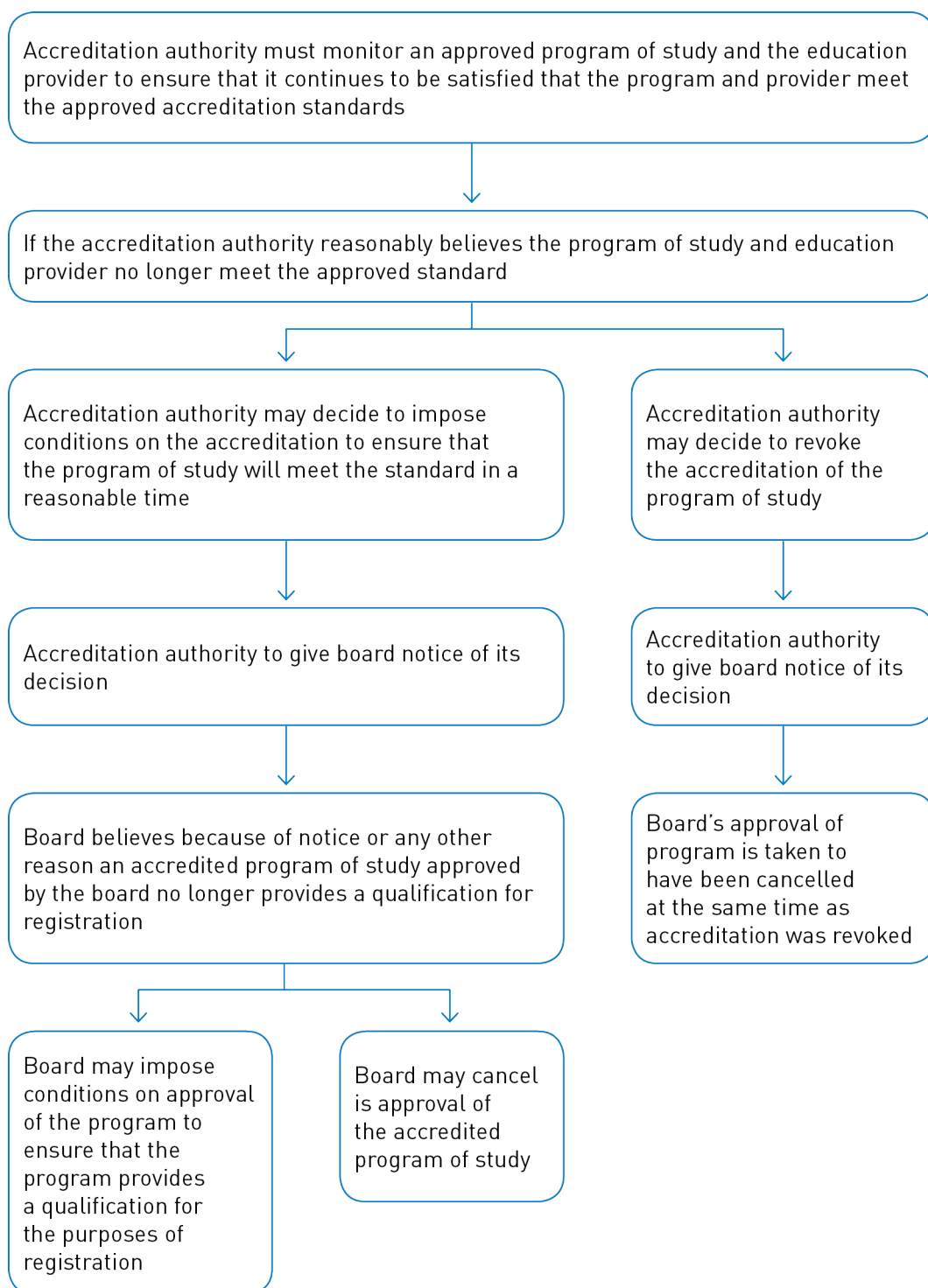


15.2 Flowchart of program assessment, accreditation and approval under the National Law¹



¹ from 'Accreditation under the National Law – paper prepared by accreditation authorities, National Boards and AHPRA. The full paper is available to download at www.ahpra.gov.au/Legislation-and-Publications/AHPRA-Publications.aspx#procedures

15.3 Flowchart of monitoring under the National Law²



² from 'Accreditation under the National Law – paper prepared by accreditation authorities, National Boards and AHPRA. The full paper is available to download at www.ahpra.gov.au/Legislation-and-Publications/AHPRA-Publications.aspx#procedures

Glossary

Accreditation standards means the standards developed for the Aboriginal and Torres Strait Islander health practice profession by the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee and approved by the Aboriginal and Torres Strait Islander Health Practice Board of Australia under section 47 of the National Law.

Accredited program means a program of study accredited by the Accreditation Committee under section 48 of the National Law.

Approved program means any Aboriginal and Torres Strait Islander health practice program included in the list of approved programs published on the Aboriginal and Torres Strait Islander Health Practice Board of Australia's website.

Aboriginal and Torres Strait Islander health practice program of study or Aboriginal and Torres Strait Islander health practice program means the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification.

Education provider means a tertiary education institution or registered training organisation (RTO).

List of acronyms

AHPRA	Australian Health Practitioner Regulation Agency
ASQA	Australian Skills Quality Authority
RTO	Registered Training Organisation
TAC	Training Accreditation Council

Attachment A: Example of notice of change by education provider

Details of education provider and programs

Name of education provider: _____

List of approved programs that will change, or have been changed:

Type of change

The education provider plans to make (or has made) the changes ticked below:

- ☐ change to the curriculum of study, including content, structure and assessment, after the program was accredited
- ☐ change to any elective components of the program, regardless of whether the overall credit value is different
- ☐ change to the teaching methods, or method of delivery, of all or any part of program
- ☐ one or more significant changes to the composition of staffing such as substitution of full time staff by sessional staff, or change in academic level of teaching staff
- ☐ change in the financial resources, or financial arrangements, for the program such as elimination of a dedicated budget for the program
- ☐ changes to the education provider's organisational structures such as changes to the governance of a program
- ☐ changes to, or addition of, the sites at which all or any part of program is offered, or
- ☐ other change

Details of change

Please attach a detailed description of the change(s) and a self-assessment of the potential or actual impact of the changes on continuing to meet the accreditation standards