

## Consultation paper

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July 2013

### Accreditation standards and accreditation process for medical radiation practice

#### Introduction

The Health Practitioner Regulation National Law, as in force in each state and territory (National Law), requires the Accreditation Committee established by the Medical Radiation Practice Board of Australia (National Board) to develop accreditation standards for the Medical Radiation Practice profession and submit these accreditation standards to the National Board for approval.

The draft accreditation standards in this document are being developed by the Accreditation Committee in accordance with the requirements under the National Law. Prior to releasing this document for public consultation, the Committee engaged a small group of key stakeholders to provide comment on the draft accreditation standards and process.

When the accreditation standards are approved by the Board, they will become the approved accreditation standards for the Medical Radiation Practice profession. The Accreditation Committee will use the approved accreditation standards to assess programs of study and the education providers that offer the programs to ensure that they produce graduates who have the knowledge, skills and professional attributes to practise the profession competently and safely.

The Medical Radiation Practice Accreditation Committee (Accreditation Committee) is consulting about the content of the accreditation standards and has decided to take the opportunity to consult at the same time about the document that describes the processes the Accreditation Committee will use to assess programs of study and education providers against the approved standard. This will enable stakeholders to comment on both inter-related documents at the same time.

Following analysis of feedback from the public consultation on the accreditation standards and process, the Accreditation Committee may adjust the accreditation standards and processes prior to submitting them to the National Board.

#### Making a submission

The Accreditation Committee invites interested parties to provide their written comments on the content of the draft accreditation standards and process addressed to [accreditation.unit@ahpra.gov.au](mailto:accreditation.unit@ahpra.gov.au) by close of business on **Friday 6 September 2013**.

Submissions by email are preferred. Submissions may also be made by post, addressed to the Program Manager, Accreditation, AHPRA, GPO Box 9958, Melbourne, 3001.

#### Issues for discussion – accreditation standard

##### Approach to accreditation standards

The Accreditation Committee is proposing accreditation standards that require an education provider to provide evidence of its outcomes in order to meet the standards.

The Accreditation Committee's approach is based on a comprehensive review of accreditation standards and processes nationally and internationally, including a cross-profession analysis of accreditation

standards and processes for the fourteen health professions within the National Registration and Accreditation Scheme. Historically, accreditation standards often prescribed inputs, whereas current accreditation approaches, including that of the Tertiary Education and Quality Standards Agency (TEQSA), focus on demonstration of outcomes.

Accordingly, the Accreditation Committee considers an outcomes-focused approach is preferable to prescribed inputs because it:

- allows for greater flexibility and diversity in how education providers design and deliver programs
- promotes innovation and encourages education providers to 'showcase' how they meet the accreditation standard
- minimises constraints to innovation and improvement of programs
- is consistent with contemporary accreditation practice in Australia and overseas, and
- is aligned to the objectives of the National Registration and Accreditation Scheme set out in the National Law.

In keeping with the focus on outcomes, the accreditation standards do not specify:

- the required length of programs, instead requiring education providers to demonstrate how the program meets the specifications, including volume of learning, of the relevant Australian Qualification Framework (AQF) level, or
- the required curriculum content, instead requiring education providers to demonstrate how the program learning outcomes and assessment ensure students attain the knowledge, skills and professional attributes to practise the profession.

### **Higher Education Standards Framework**

The *Draft medical radiation practice accreditation standards* (draft accreditation standards) draw on the threshold standards set out in the *Higher education standards framework 2011* (HES) and, in doing so, recognise the role of the Tertiary Education Quality and Standards Agency (TEQSA) in regulation and quality assurance of higher education in Australia. Information about TEQSA is available at [www.teqsa.gov.au](http://www.teqsa.gov.au)

This approach fosters consistency and efficiency in professional accreditation by enabling education providers to use and adapt evidence they have already gathered to address the threshold HES as part of their accreditation application to the Accreditation Committee.

### **Australian Qualifications Framework (AQF)**

The Australian Qualifications Framework (AQF) is an integrated national policy that provides the standards for regulated qualifications in Australian education and training. The AQF is incorporated in the draft accreditation standards. Information about the AQF is available at [www.aqf.edu.au](http://www.aqf.edu.au)

### **Separation of the accreditation standards and accreditation process documents**

The draft accreditation standards and draft accreditation process are in separate documents because they are separated under the National Law.

The draft accreditation standards will, once approved and published by the National Board, become the Board's accreditation standard.

The accreditation process will, following public consultation, be finalised and published by the Accreditation Committee. The process document describes how the accreditation committee will assess, accredit and monitor education providers and programs against the Board's accreditation standards.

### **Guidance about how to meet the accreditation standards**

The draft accreditation standards are outcomes focussed so they do not specify exactly what an education provider needs to have in place to meet each standard. The draft accreditation standards may be met by different types of evidence and in different ways.

The Accreditation Committee will develop a guidance document to accompany the standards. The guidance document will outline the Committee's expectations about the types of information an education

provider may consider submitting as evidence and some of the ways an education provider may choose to meet each accreditation standard.

### **The interaction of the *Draft accreditation standard for medical radiation practice* with the *Professional capabilities for medical radiation practice***

Field 5 of the *Draft accreditation standard* contains standards that reflect the *Professional capabilities for medical radiation practice* developed by the Medical Radiation Practice Board of Australia (MRPBA).

Because the MRPBA had not finalised its *Professional capabilities for medical radiation practice* when the Accreditation Committee released this document for public consultation, the draft accreditation standards for this Field 5 are based on the draft version of the *Professional capabilities for medical radiation practice*.

Details of the MRPBA public consultation on the *Draft capabilities for medical radiation practice* can be viewed on AHPRA's website [www.medicalradiationpracticeboard.gov.au/News/Consultations.aspx](http://www.medicalradiationpracticeboard.gov.au/News/Consultations.aspx). The MRPBA completed its public consultation on 22 July 2013 and the submissions to the public consultation will be published at [www.medicalradiationpracticeboard.gov.au/News/Past-Consultations.aspx](http://www.medicalradiationpracticeboard.gov.au/News/Past-Consultations.aspx).

Following public consultation on this document, the Accreditation Committee will change the accreditation standards and criteria for this Field 5 to ensure alignment with the final version of the MRPBA *Professional capabilities for medical radiation practice* and may take into account submissions to the Committee about the draft accreditation standards and criteria for Field 5 in this document.

### **Questions for consideration– accreditation standards**

The Committee invites your feedback on the draft accreditation standards and, in particular, on the following questions.

Please explain your response to each question, and/or your specific suggestions for how the document should be amended.

1. These standards are intended to be outcomes focussed do you think that they achieve this?
2. Are the criteria in the draft standards clear?
3. The set of standards will be used to assess whether a program of study and the education provider provides students who complete that program with the knowledge, skills and professional attributes to practice the profession.
  - 3.1 Is the set of standards adequate for this purpose?
  - 3.2 Are the relevant issues covered by the draft standards?
  - 3.3 Does any content need to be changed, deleted or added?
  - 3.4 Are any additional standards required?
4. What specific guidance relevant to the standards and criteria in Field 5 should be included in the guidance document to accompany the standards, particularly in relation to any content and/or skills you expect an education provider should include in their curriculum. ?
5. Do you have any other comments on the draft standards?

### **Issues for discussion – accreditation process**

#### **Approach to accreditation process**

The Accreditation Committee is proposing an accreditation process that requires an education provider to complete a self-audit of the extent to which it meets the accreditation standards and to provide the best available evidence to support the claims in its self-audit. The assessment team will evaluate the self-audit and the evidence provided, and can undertake activities to verify the evidence (such as interviewing staff, students and graduates) and can require the education provider to provide more information if there is a lack of evidence to support claims.

The Accreditation Committee's approach is based on a comprehensive review of approaches nationally and internationally, including a cross-profession analysis of accreditation processes for the fourteen health professions within the National Registration and Accreditation Scheme.

The Accreditation Committee's aim is to develop and implement a process to promote objectivity in assessment and evaluation; and streamline the reporting of findings of assessment and accreditation decisions.

The Accreditation Committee and the National Board are considering the fees that education providers will be required to pay to apply for and maintain accreditation. The guiding principles of the National Scheme require the fees to be reasonable having regard to the efficient and effective operation of the scheme.

The accreditation fees will reflect the operational costs of accreditation for the Medical Radiation Practice profession, including costs associated with the review and evaluation of accreditation applications, the drafting and approval of accreditation reports, ongoing monitoring of Board approved programs, meetings of the Accreditation Committee, site visits and other operational activities associated with the implementation of the accreditation process.

The fees will be reviewed annually by the National Board, in consultation with the Accreditation Committee and published on the Board's website.

Details about the fees for the 2013-2014 financial year will be published on the Board's website.

### **National Board and Accreditation Committee**

It is important to understand the separate roles of the National Board and the Accreditation Committee when it comes to programs of study approved by the Board and the accreditation of programs. The Accreditation Committee makes a decision about whether or not a program of study is accredited, based on reviewing the evidence provided by the education provider showing how it meets the accreditation standards. The accreditation process document sets out all the steps for how this occurs. The National Board is informed of the accreditation decision. The National Board then decides whether or not to approve the qualification for the purpose of registration. These two decisions, by the Accreditation Committee and the National Board, are separate.

### **Current accreditation status of existing programs**

Prior to the implementation of the National Scheme various accreditation arrangements existed. Whilst a number of existing medical radiation practice programs of study transitioned as National Board approved programs, the Accreditation Committee did not exist at the time of transition, and these programs have not been through an accreditation assessment under the National Law. Therefore all education providers offering existing programs, whether or not they are Board approved, will be required to apply for assessment and initial accreditation as described in Section 2 of the draft accreditation process.

The Accreditation Committee will establish a schedule of accreditation assessments for medical radiation practice programs. The Committee may prioritise the assessment of new and existing programs that did not transition as Board approved ahead of the assessment of existing programs that transitioned as Board approved.

In scheduling the assessment of programs that transitioned as Board approved, the Accreditation Committee may consider various factors such as the period of time since the program was assessed under the accreditation arrangements that existed for the profession prior to July 2012, and whether the education provider has changed the program or is offering a new program. The Committee will take into account the time an education provider will need to prepare its application for accreditation.

More information will be provided about the proposed timeframes for accreditation of programs that transitioned as Board approved when it is available.

### **Guidance about how to apply for accreditation**

The accreditation process does not include specific instructions detailing how the Accreditation Committee expects education providers to compile an application for accreditation. A detailed guidance document and application template will be developed for use by education providers and published on the Committee's website when it is available.

### **Stages of accreditation under the National Law**

The stages of accreditation that may have existed under the accreditation arrangements that existed for the medical radiation practice programs prior to July 2012 are now replaced by 'accreditation with

conditions' or 'accreditation without conditions'. These are outlined in the draft accreditation process document.

### **Period of accreditation under the National Law**

The National Law does not specify a period of accreditation or refer to expiry of accreditation. Instead, the National Law places an obligation on the Accreditation Committee to monitor Board approved programs to ensure the Accreditation Committee continues to be satisfied that such programs continue to meet the accreditation standards. If the Accreditation Committee is no longer satisfied that an accredited and approved program meets the accreditation standards, it may impose conditions on the program's accreditation or revoke its accreditation.

The processes that the Accreditation Committee plans to use to meet its monitoring obligation are described in Section 2 of the draft accreditation process document.

### **Appeals process**

The Accreditation Committee has drafted a process for an education provider to apply for an internal review of accreditation decisions. This process is separate to the accreditation process because it only occurs after the accreditation process has been completed. In the interests of transparency, the Accreditation Committee has included the draft internal review process with the consultation documents.

### **Questions for consideration – accreditation process**

Please explain your response to each question, and/or your specific suggestions for how the document should be amended, as appropriate.

1. Is the content of the accreditation process document clear?
2. Should any sections of the accreditation process document be amended or re-ordered?
3. Is any additional content required?
4. Are the indicative timeframes for assessment and accreditation feasible?
5. Do you have any other comments on the draft accreditation process?
6. Do you have any other comments on the draft accreditation process?