

Consultation - Draft medical radiation practice accreditation process

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Purpose of this document

The purpose of this document is to describe the processes that the Medical radiation practice Accreditation Committee will use to assess, accredit and monitor Medical radiation practice courses (programs of study or programs) under the *Health Practitioner Regulation National Law Act* as in force in each State and Territory (National Law).

The document comprises three broad sections:

- Section 1 provides an overview of the key aspects of the legislation and governance structures relevant to accreditation of medical radiation practice programs under the National Law
- Section 2 describes the processes that the Accreditation Committee has established for assessment, accreditation decisions and monitoring of medical radiation practice programs under the National Law
- Section 3 provides flowcharts that describe the processes in section 2.

Background to accreditation of medical radiation practice programs under the National Law

Prior to 1 July 2012, the Australian Institute of Radiography and the Australian and New Zealand Society of Nuclear Medicine performed the accreditation of programs of study leading to qualifications in medical radiation practice.

Since 1 July 2012, the accreditation functions for medical radiation practice have been exercised under the National Law. This section provides an overview of the key aspects of the legislation and governance structures relevant to accreditation of medical radiation practice programs under the National Law.

1. Overview of changes to statutory basis for accreditation of medical radiation practice programs

On 1 July 2012, the National Law replaced the various pieces of legislation that regulated medical radiation practice and practitioners in the Australian Capital Territory, Northern Territory, Queensland, Tasmania, Victoria and Western Australia. The National Law provides for the accreditation of programs of study leading to qualifications in medical radiation practice.

The National Law establishes a National Board for each of the fourteen professions within 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 Medical Radiation Practice Board of Australia (the National Board) decided a committee established by the National Board (the Medical Radiation Practice Accreditation Committee or Accreditation Committee) would carry out the accreditation functions for the medical radiation 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.

2. 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;
- (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*.

3. Overview of the National Registration and Accreditation Scheme

The National Law establishes the National Registration and Accreditation Scheme (the National Scheme).

The National Scheme underpins the safety and quality of the health system in Australia. Assessment and accreditation of programs of study leading to qualifications related to practice as a health practitioner is fundamental to the National Scheme.

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

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

3.1 Objectives of the National Scheme

The objectives of the National 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
- (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
- (c) to facilitate the provision of high quality education and training of health practitioners
- (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners
- (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.

3.2 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.

4. Governance structures and roles relevant to accreditation of medical radiation practice programs under the National Law

Implementation of the accreditation processes described in this document involves:

- (a) the Medical Radiation Practice Accreditation Committee
- (b) medical radiation practice assessment teams, and
- (c) the Accreditation Unit.

4.1 The Medical Radiation Practice Accreditation Committee

The Medical Radiation Practice Accreditation Committee (Accreditation Committee) is the independent accreditation entity established by the National Board to exercise accreditation functions for the medical radiation 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 at www.medicalradiationpracticeboard.gov.au/Accreditation/Accreditation-Committee.aspx

4.2 Medical practice assessment teams

The Accreditation Committee will appoint suitably qualified and experienced individuals to assessment teams. The roles of each medical radiation practice assessment team (Assessment Team) are to:

- (a) assess the relevant medical radiation 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 about in relation to each accreditation standard.

Information about the appointment of Assessment Teams, and their responsibilities, is provided in Section 5 of this document.

4.3 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 within 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.

4.4 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 medical radiation practice practitioner, and
- (b) the Accreditation Committee is responsible for any decisions about accreditation of medical radiation practice programs. This includes decisions about whether the program, and the education provider that provides the program, meet the accreditation standards.

Conversely, the National Board does not make decisions about accreditation of medical radiation 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 and makes decisions about accreditation of programs. The Accreditation Committee notifies the National Board of its accreditation decisions.

The National Board receives notice of accreditation decisions from the Accreditation Committee. The Board makes decisions about approval of accredited programs as providing qualifications suitable for registration as a medical radiation practitioner.

This 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 medical radiation practitioners.

Accreditation of medical radiation practice programs under the National Law

Under the National Law, the accreditation of medical radiation practice programs by the Accreditation Committee involves three key areas of activity:

- (a) assessment of medical radiation practice programs, and the education providers that provide those programs, against the accreditation standards (this includes assessment of existing programs that transitioned as approved programs on 1 July 2012 – see section 6.4)
- (b) decisions about initial accreditation of medical radiation practice programs, and the education providers that provide those programs, and
- (c) monitoring of accredited medical radiation practice programs and the education providers offering them, to ensure the Accreditation Committee continues to be satisfied the program and provider meet the accreditation standards.

This section describes the processes that the Accreditation Committee has established for each of these areas of activity.

5. Roles and responsibilities for assessment of medical radiation practice programs

The Accreditation Committee will appoint and train assessors and establish medical radiation practice assessment teams (Assessment Teams).

Assessment Teams are responsible for assessing education providers and their medical radiation practice programs against the medical Radiation practice accreditation standards. AHPRA assigns a member of the Accreditation Unit to support each Assessment Team.

5.1 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:

- sound knowledge of clinical medical radiation practice and experience in clinical education
- current registration with the National Board as a medical radiation practitioner
- sound knowledge of education and experience in teaching and learning
- sound knowledge of biomedical and/or medical radiation sciences

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.

5.2 Management of assessor conflicts of interest and potential bias

Prior to, 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.

5.3 Establishing Assessment Teams

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

Each Assessment Team will generally:

- (a) comprise two assessors
- (b) be composed so that the combination of assessors provides coverage of the following areas:
- sound knowledge of medical radiation practice clinical practice and experience in clinical education
 - current registration with the National Board in each division of the national register relevant to the program being assessed
 - sound knowledge of education and experience in teaching and learning, and
 - sound knowledge of biomedical and medical radiation sciences.

Where an education provider offers programs in more than one division of the register of medical radiation practitioners (diagnostic radiographers, radiation therapists and nuclear medicine technologists divisions), the Accreditation Committee may establish a single Assessment Team that includes one or more assessors who are medical radiation practice practitioners, and who are registered with the National Board in each of the divisions of the register relevant to the programs being assessed.

The Accreditation Committee considers the establishment of a single Assessment Team comprising up to four assessors is more cost effective and efficient than establishing several Assessment Teams each comprising two assessors for each program offered by the same education provider.

Prior to 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 prior to confirming establishment of the Assessment Team.

5.4 Assessment Team Leader

After establishing each Assessment Team, the Accreditation Committee will appoint a member of the team to lead that team (Assessment Team Leader).

The Assessment Team Leader will generally be an assessor who has a sound knowledge of medical radiation 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 lead all meetings including meetings during site visits.

5.5 Assessment Team responsibilities

The Assessment Team is responsible for assessing the education provider and the program offered by the education provider against the Medical Radiation Practice Board of Australia's accreditation standards (approved accreditation standards) by:

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

5.6 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) communication with education providers about assessment and accreditation of programs
- (d) arranging Assessment Team meetings and site visits
- (e) providing Accreditation Unit support for the Assessment Teams
- (f) taking minutes of any Assessment Team meetings during site visits
- (g) recording details of information gathered by Assessment Teams during any site visits, and
- (h) using templates to prepare draft accreditation reports based on the Assessment Team's evaluation of the education provider and the program against the approved accreditation standards, and
- (i) submitting confirmed accreditation reports from the Assessment Team to the Accreditation Committee.

5.7 Secure storage and destruction of accreditation materials

The Accreditation Unit will store all accreditation materials and reports in a secure electronic format.

Assessors will be unable to access electronic versions of accreditation materials and reports when an assessment has been completed.

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.

6. Processes for the assessment prior to initial accreditation of medical radiation practice programs

Prior to initial accreditation under the National Law, all medical radiation practice programs, and the education providers that provide those programs, must be assessed against the accreditation standards. This includes any programs that are not approved by the National Board (new medical radiation practice programs) as well as any programs that transitioned as approved programs under the National Law on 1 July 2012 (existing approved programs).

6.1 Submitting information about a new medical radiation practice program

The Accreditation Committee requires any education provider planning to develop a new medical radiation practice program, or to enrol students in a new program, to contact the Accreditation Unit as soon as possible (and preferably not less than 18 months prior to commencement of the new program).

The education provider should provide the following information to the Accreditation Unit:

- (a) contact details for the person responsible for the program
- (b) the month and year the education provider plans to commence the program
- (c) the planned AQF level and duration of the program, and
- (d) any other details the education provider considers relevant to its plans such as staff recruitment or third party arrangements for its program.

6.2 Initial consideration of information about a new medical radiation practice program

Upon receipt of information about a new medical radiation practice program, the Accreditation Unit will provide the information to the Accreditation Committee for initial consideration.

When information is received about a new program, the Accreditation Committee will request the Accreditation Unit to:

- (a) send the education provider an application pack, and
- (b) confirm the due date for submission by the education provider of its application for assessment and initial accreditation.

6.3 Applying for assessment and initial accreditation of a medical radiation practice program

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

The due date for submission of the application will generally be not less than 12 months prior to the commencement date of the first cohort of students to allow sufficient time for completion of the assessment prior to students commencing the new program.

6.4 Applying for assessment and initial accreditation of an existing program that transitioned as an approved program on 1 July 2012

All programs that transitioned as approved programs on 1 July 2012 must apply for assessment and initial accreditation in order to become accredited programs under the National Law. The Accreditation Unit will contact each education provider offering a program that transitioned as an approved program on 1 July 2012 to negotiate a date by which that education provider is required to submit its application for assessment and initial accreditation.

6.5 Format of application for assessment and initial accreditation

The Accreditation Unit will provide each education provider with guidelines and the application form that the education provider is required to complete and submit with its application for assessment and initial 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 program 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 program. The self-audit will also require the education provider to explain the extent to which it has met (or in the case of a planned program, will meet) each of the approved accreditation standards, and to provide a specific reference to the evidence supporting each explanation.

6.6 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 guidelines.

The Accreditation Unit will notify the education provider if their application does not comply with the guidelines 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 guidelines 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 guidelines.

6.7 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 information it requires the education provider to submit prior to, or provide at, the site visit.

The Accreditation Unit will notify the education provider about the information that the Assessment Team has advised it requires the education provider to submit prior to, and provide at, any site visits.

6.8 Further evaluation of education provider and program

The Assessment Team may decide to conduct one or more site visits as part of its further evaluation of an education provider and program. A site visit is generally held over a period of 1-2 days and within 3 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 any site visit, including the schedule.

The purpose of the site visit is for the education provider to provide the Assessment Team with:

- (a) access to information, individuals and facilities that can be evaluated only during a site visit
- (b) further supporting information about how the education provider and its program have met, or plan to meet, the approved accreditation standards (particularly any standards that have not been adequately evidenced in the accreditation application), and
- (c) any information that the Assessment Team has specifically requested that the education provider make available at the site visit.

The Assessment Team may require the education provider to:

- (a) provide access to other information, individuals or facilities at the site visit, and
- (b) submit further information after the site visit.

The Assessment Team will generally require additional information if the education provider makes unverified claims at the site visit.

6.9 Preparing the draft accreditation report

Following the site visit, the Assessment Team will provide the Accreditation Unit with an evaluation report using a standard report template. The Accreditation Unit will use the Assessment Team's evaluation report to prepare a draft accreditation report and send it to the Assessment Team for confirmation and approval before the draft report is sent to the education provider for review.

6.10 Education provider may review of the draft accreditation report

The Accreditation Unit will send the draft accreditation 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 accreditation report.

6.11 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 and may:

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

6.12 Preparing the final accreditation report

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

The final accreditation report:

- (a) will indicate whether, on the basis of the evidence provided to the Assessment Team, the education provider and program have met each accreditation standard, and
- (b) may include recommended actions for the education provider, particularly if a standard has not been met.

The Accreditation Unit will send the final accreditation report to the Assessment Team for confirmation and approval before the report is sent to the Accreditation Committee for consideration.

7. Processes for decisions about initial accreditation of medical radiation practice programs

7.1 Accreditation Committee preliminary accreditation decision

The Accreditation Committee will consider the content of the final accreditation report and make a preliminary decision about accreditation of the program. The Committee will confirm that the Accreditation Unit should send the education provider written notice of the Accreditation Committee's preliminary accreditation decision and provide the Accreditation Committee's reasons for its preliminary decision as well as a copy of the final accreditation report.

7.2 Education provider may respond to preliminary accreditation decision

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

7.3 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 accreditation decision and may:

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

7.4 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 not to accredit the program.

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

The Accreditation Committee may decide to impose conditions on the initial accreditation of a program if the final accreditation 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 not to accredit a program if the final accreditation report indicates that:

- (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.

7.5 Reporting of Accreditation Committee initial accreditation decisions

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

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

If the Accreditation Committee decides to impose conditions on the initial accreditation of a program, it will issue a schedule outlining how conditions will be monitored and the timeframe in which conditions must be addressed.

If the Accreditation Committee decides not 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 initial accreditation decision. The processes for internal review are described in a separate document.

8. Processes for monitoring of accredited medical radiation practice programs

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.

Monitoring of approved programs after initial accreditation represents a shift from the accreditation arrangements previously in place for some professions, in which accreditation was for a finite period and always “expired” at the end of that period. Under that type of arrangement, any provider wishing to maintain accreditation of its program was required to apply for reaccreditation, and have a further period of accreditation granted before the expiry date of its current accreditation. If it failed to do so, the accreditation expired.

Although initial accreditation does not “expire” under the National Law, a program does not remain accredited for an infinite period - the Committee may impose conditions or revoke accreditation of a program at any time if it is no longer satisfied the program and provider meet the approved accreditation standards.

The intent of the monitoring obligations under the National Law is to provide an opportunity for early intervention by the Accreditation Committee and National Board 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.

The ways the Accreditation Committee will meet its obligation to monitor the education provider and the program against the approved accreditation standards may include:

- (a) direct means such as establishing and re-establishing reporting requirements for each education provider that provides an approved program, and
- (b) indirect means such as checking advertisements or details published by the education provider, the government, the respective professional association, or reports in the media.

8.1 Monitoring through direct means

When the Accreditation Committee advises the education provider that it has decided to accredit the program, with or without conditions, it will provide details of the reporting requirements that the Committee has established for that education provider. The Accreditation Committee may re-establish the reporting requirements for any education provider in response to the outcomes of the Committee's monitoring of relevant program(s).

In order to maintain its accreditation, the education provider must comply with the reporting 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 in the form of an annual declaration to the Accreditation Committee
- (c) a requirement for education providers to notify the Accreditation Committee in writing of any planned and/or implemented changes to an accredited program or to the education provider, and
- (d) a requirement for the education provider to respond to any request by the Accreditation Committee for information as required, to ensure the Committee continues to be satisfied that the approved accreditation standards are being met by the program and provider. The Committee may require the education provider to submit the information through the method considered by the Committee to be the most appropriate in the circumstances. The method selected by the Committee may include:
 - a written submission
 - a site visit
 - meetings with groups or individuals, including with representatives of the education provider, orany other method the Committee requires to ensure it continues to be satisfied that the program and provider continue to meet the approved accreditation standards

8.2 Monitoring through indirect means

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

If the Accreditation Committee becomes aware of such matters, it will decide whether it requires the education provider to respond to a request under paragraph 8.1(d) above to ensure the Committee continues to be satisfied that the program and provider are meeting the approved accreditation standards.

8.3 Evaluation of submissions required by the reporting requirements

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

The Accreditation Committee will appoint one or more members of the Committee to:

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

8.4 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 respond to a request under paragraph 8.1(d) above. This is considered to be a new monitoring activity and the education provider's response will be evaluated under paragraph 8.3.

If the Accreditation Committee decides it has sufficient information it must proceed to prepare the final monitoring report.

8.5 Preparing the final monitoring report

The Accreditation Unit, in consultation with the Assessment Committee, will prepare the final monitoring report using a standard report template.

The final monitoring report:

- (a) will indicate whether, on the basis of the information in that report, the education provider and program continue to meet the accreditation standards, and
- (b) may include recommended actions for the education provider, particularly if the information indicate that any standard has not been met.

9. Processes for decisions during monitoring of approved medical radiation practice programs

9.1 Accreditation Committee preliminary monitoring decision

The Accreditation Committee will consider the content of the final monitoring report and make a preliminary decision about continued accreditation of the program. The Committee will confirm that the Accreditation Unit should send the education provider written notice of the Accreditation Committee's preliminary monitoring decision and provide the Accreditation Committee's reasons for its preliminary decision as well as a copy of the final monitoring report.

9.2 Education provider may respond to preliminary monitoring decision

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

9.3 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 monitoring decision and may:

- (a) confirm its monitoring decision, or
- (b) defer its decision and request the education provider to respond to a request under paragraph 8.1(d) above.

9.4 Confirming the Accreditation Committee's monitoring decision

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.

9.5 Reporting of Accreditation Committee monitoring decisions

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

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

If the Accreditation Committee decides to impose conditions on the continued accreditation of a program, it will issue a schedule outlining how conditions will be monitored and the timeframe in which conditions must be addressed.

If the Accreditation Committee to revoke accreditation of 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. The processes for internal review are described in a separate document.

10. Process for complaints about medical radiation practice medicine programs and education providers

The National Board, Accreditation Committee and AHPRA may receive complaints about medical radiation 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:

- (c) determine that the complaint is not relevant to accreditation of the program, or
- (d) determine that the complaint is relevant to accreditation of the program and take such action as the Committee considers reasonable in the circumstances to the Committee 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 of its determination.

Flowcharts of the processes described in this document

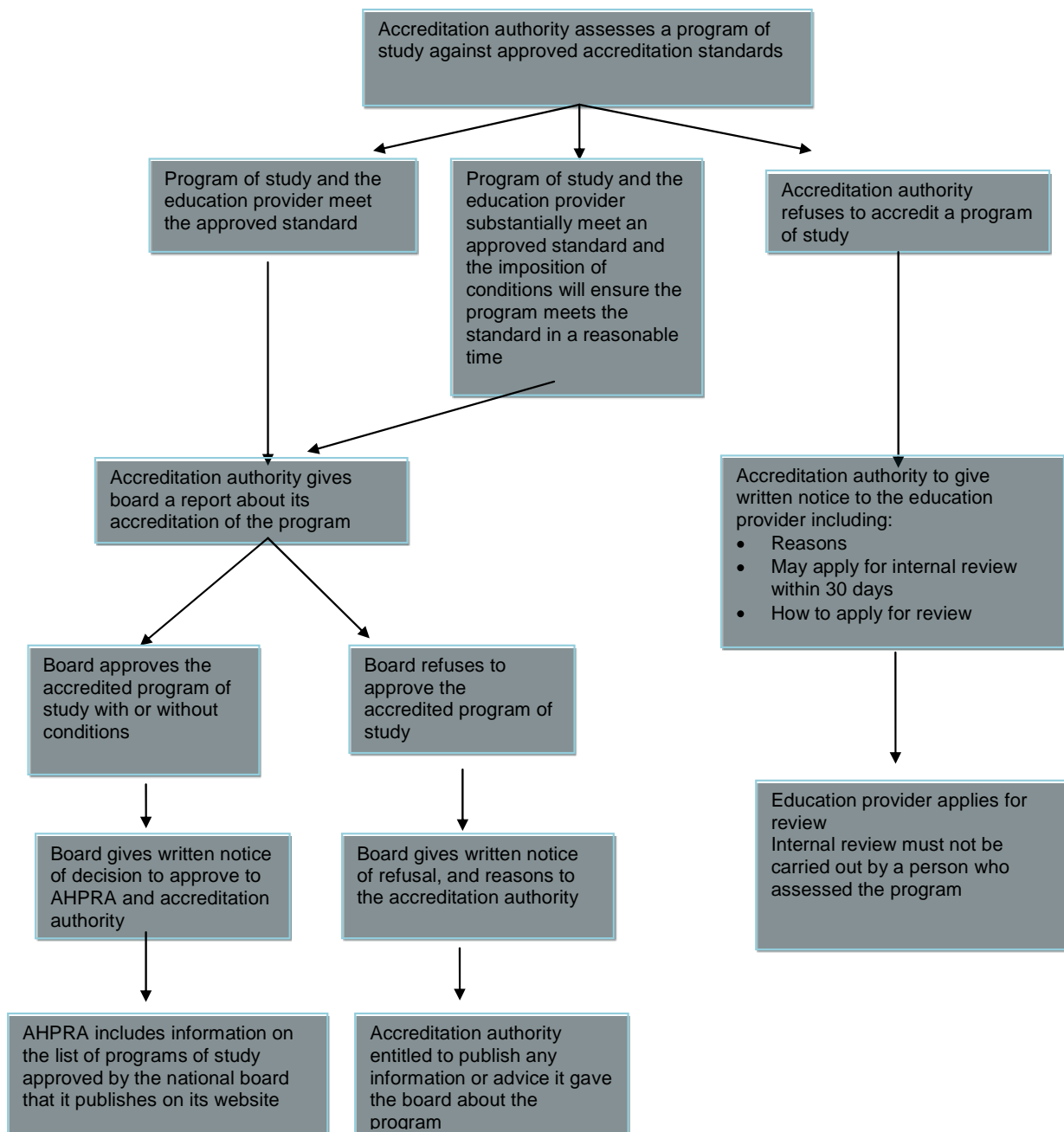
11. Flowchart of processes for assessment and initial accreditation

The timeframes below are indicative only and may vary from time to time without notice.



12. Flowchart of program assessment, initial accreditation and approval under the National Law¹

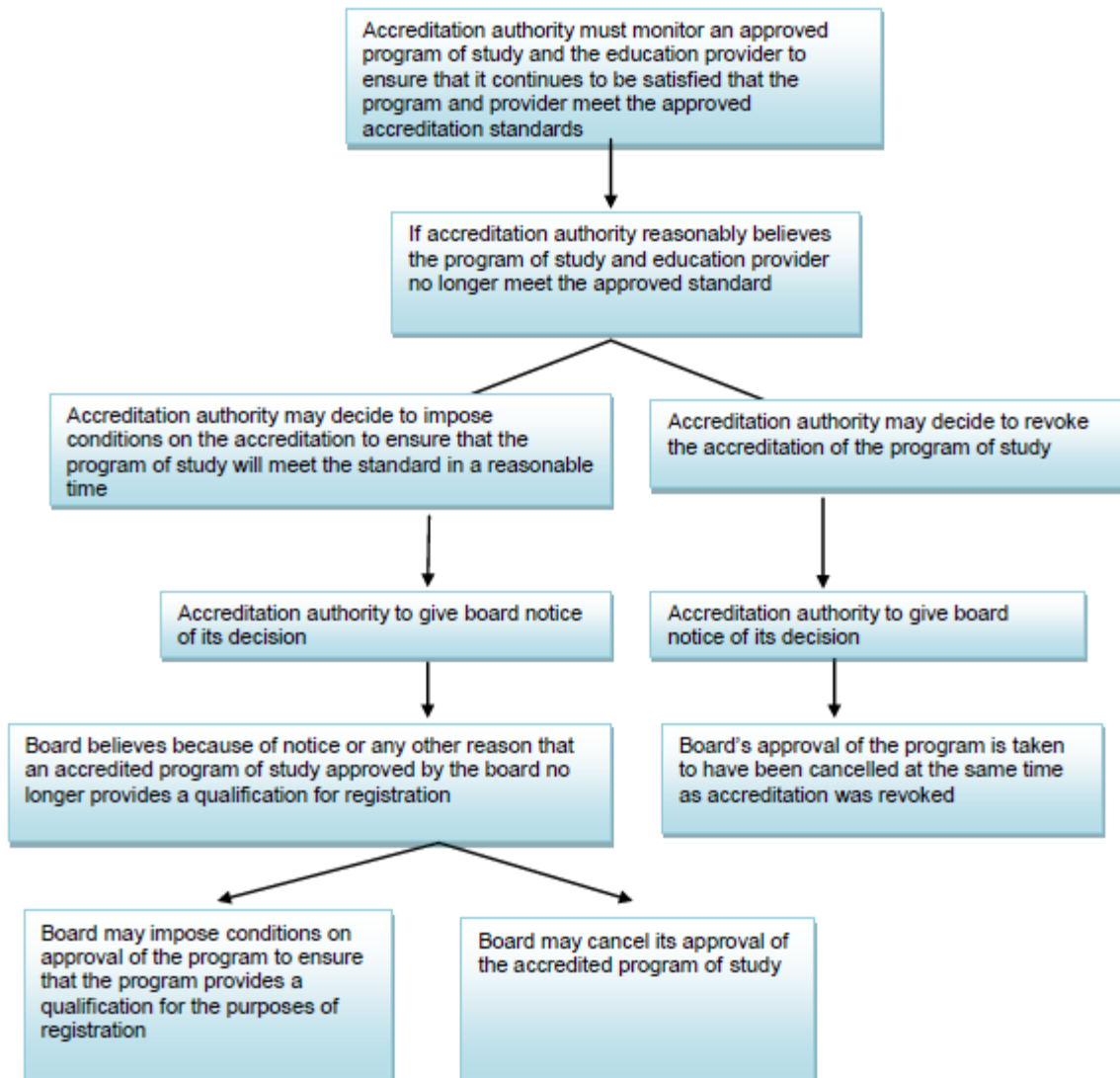
National Law provisions on accreditation of programs of study



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

13. Flowchart of monitoring under the National Law²

National Law provisions on monitoring of approved programs of study



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

14. Glossary

accreditation standard means the standard developed for the medical radiation practice profession by the Accreditation Committee and approved by the National Board under section 47 of the National Law

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

approved program of study means an accredited program of study:

- (a) approved under section 49(1) of the National Law by the National Board, and
- (b) included in the list published by the National Agency under section 49(5).

education provider means a university or higher education provider holding current registration with the Tertiary Education Quality and Standards Agency.