

Medical Radiation Practice Accreditation Committee

Terms of Reference

November 2024

Contents

Background	3
1. Defined terms and interpretation	3
2. Inconsistency	7
3. Application of Terms of Reference	7
4. Performance of Accreditation Functions	7
5. Membership	8
6. Appointment of Members	8
7. Removal of Members	8
8. Term of Appointment	9
9. Chair	9
10. Deputy Chair	9
11. Quorum	9
12. Voting	9
13. Financial Arrangements	9
14. Review	10
15. Reporting and review	11
16. Rectification Plan	11
17. Ownership of Intellectual Property Rights in Accreditation Material	11
18. Meetings and Procedures	12
19. Assessment Teams	12
20. Communication Arrangements	12
21. Stakeholder collaboration	12

22. Dispute resolution	12
23. Public Interest	12
24. Conflicts of Interest	13
25. Other	13
25.1 Duty of confidentiality	13
25.2 Protection from personal liability for persons exercising functions	13
25.3 Variation	14
26. Review of these Arrangements	14
27. Document Control	14
Attachments	15

Background

- a. The Medical Radiation Practice Board of Australia (**Board**) has decided the Accreditation Functions for the Medical Radiation Practice profession will be exercised by an accreditation committee established by the Board, pursuant to section 43 of the National Law.
- b. The Medical Radiation Practice Accreditation Committee (**Committee**) is established by the Board under clause 11 of schedule 4 of the National Law.
- c. In addition to the objectives and guiding principles in the National Law, the priorities of the Board, the Accreditation Committee and the Australian Health Practitioner Regulation Agency (**Ahpra**) in administering Accreditation Functions for the Medical Radiation Practice profession are as set out under the National Scheme from time to time (**Priorities**).
- d. Ahpra will support the Accreditation Committee to carry out its Accreditation Functions consistently with these Terms of Reference, pursuant to section 25 of the National Law and consistent with the Health Profession Agreement between the Board and Ahpra under section 26 of the National Law.

1. Defined terms and interpretation

1.1 Defined terms

In this document:

Accreditation Committee means the independently-chaired committee established in 2021 pursuant to the Policy Direction, which provides independent and expert advice on accreditation reform and other National Registration and Accreditation Scheme (**National Scheme**) accreditation matters to National Scheme entities, such as National Boards, accreditation authorities and Ahpra.

Accreditation Functions means the accreditation functions referred to in Part 6 of the National Law which are set out in Attachment B.

Accreditation Material means all Material that is necessary to perform the Accreditation Functions, that is:

- a) created or developed on or after 1 July 2019 by or on behalf of the Committee (either alone or jointly with a third party) in the course of performing the Accreditation Functions; or
- b) developed independently of these Terms of Reference that is:
 - (i) incorporated in
 - (ii) supplied with, or as part of or
 - (iii) required to be supplied with, or as part of, and
 - (iv) the material referred to in paragraph (b).

Ahpra Material means all Material made available to the Committee by Ahpra or by the Board to perform the Accreditation Functions.

Approved Accreditation Standards has meaning given to it in section 5 of the National Law.

Approved Program of Study has the meaning given to it in section 5 of the National Law.

Business Day means a day other than a Saturday, Sunday, bank holiday or public holiday in Melbourne, Victoria.

Commencement Date means the date set out in Item 1 of Attachment A.

Confidential Information of a Disclosing Party means:

- a) the following information regardless of its form and whether the Receiving Party becomes aware of it before or after the date of this Agreement:
 - (i) information that is by its nature confidential
 - (ii) information that is designated by the Disclosing Party as confidential, and
 - (iii) information the Receiving Party knows, or ought to know, is confidential
- b) all notes and other records prepared by the Receiving Party based on or incorporating the information referred to in paragraph (a)
- c) the terms and conditions of this Agreement
- d) all copies of the information, notes and other records referred to in paragraphs (a) and (b), and
- e) in the case of Ahpra includes the Protected Information, Personal Information and Health Information,

but excludes information that:

- (i) is or becomes public knowledge (other than as a result of a breach of this Agreement or any other confidentiality obligation by the Receiving Party or any of its permitted disclosees); or
- (ii) has been independently developed or acquired by the Receiving Party (whether alone or jointly with any third person) as established by written evidence.

Conflict means any matter, circumstance, interest or activity that reasonably may or may appear to, impair or compromise the ability of the Accreditation Committee to perform the Accreditation Functions and otherwise carry out its duties diligently, independently and in accordance with these Terms of Reference and the National Law.

Consequential Loss means any loss recoverable at law (other than a loss arising in the usual course of things) which is:

- a) consequential upon other loss
- b) a loss of opportunity or goodwill
- c) a loss of profits or revenue
- d) a loss of use or production
- e) a loss of anticipated savings or business, or
- f) loss of value of any equipment, and
- g) any costs or expenses incurred in connection with the foregoing.

Corporations Act means the Corporations Act 2001 (Cth).

Data Breach has the meaning given in the applicable Privacy Law from time to time and includes any unauthorised access to or disclosure or modification of, any misuse or loss of, any interference with, any event that causes denial of access to, or any accidental or unlawful destruction of, any Personal Information.

Disclosing Party means a party who discloses or makes available Confidential Information to the Receiving Party or whose Confidential Information otherwise becomes known to the Receiving Party.

Dispute means any dispute or disagreement concerning:

- a) this Agreement
- b) the carrying out of the Accreditation Functions
- c) the provision of Funding by Ahpra, or
- d) the other rights or obligations of the parties under this Agreement.

End Date means the date set out in Item 2 of Attachment A.

Fee Setting Principles means the principles for setting Third Party Fees set out in Attachment E, as updated under clause 14.

Funding Principles means the principles for the Accreditation Committee to request, and the Board (in consultation with Ahpra) to determine the Funds to be allocated to support the work of the Accreditation Committee in each financial year, set out in Item 1 of Attachment D as updated under clause 14.

Funds means the amount set out in Item 2 of Attachment D, as updated under clause 14.

Health Information has the meaning set out in the Privacy Act.

Health Profession Agreement means the agreement entered into by Ahpra with the Board in accordance with section 26 of the National Law.

Intellectual Property Rights means all intellectual property rights, including the following rights:

- a) patents, copyright (including future copyright), rights in circuit layouts, designs, trade and service marks (including goodwill in those marks), domain names and trade names and any right to have information kept confidential;
- b) any application or right to apply for registration of any of the rights referred to in paragraph (a); and
- c) all rights or forms of protection of a similar nature or having equivalent or similar effect to any of the rights in paragraphs (a) and (b) that may subsist anywhere in the world (including Australia),

whether or not such rights are now existing or created in the future and whether or not such rights are registered or capable of being registered.

Key Performance Indicators means the key performance indicators set out in Attachment F as updated under clause 14.

Material means all documents, records, images, information and data stored by any means, and excludes other physical property.

National Board means the Board and each other national board existing under the National Law from time to time.

National Law means the Health Practitioner Regulation National Law, as in force in each State and Territory.

Personal Information has the meaning set out in the Privacy Act.

Policy Direction means the *Ministerial Council Policy Direction 2020-1 – Independent Accreditation Committee* issued by Hon. Natasha Fyles MLA to the National Boards and Ahpra on 4 February 2021.

Privacy Act means the *Privacy Act 1988* (Cth).

Privacy Law means legislation, statutory instruments and any other enforceable codes or guidelines regulating the collection, use and/or disclosure of Personal Information that applies to any of the parties or to this Agreement.

Protected Information has the meaning set out in the National Law.

Receiving Party means a party to this Agreement who obtains Confidential Information of the other party to this Agreement.

Rectification Plan has the meaning given in clause 16(a).

Term has the meaning set out in clause 3(a).

Terms of Reference means this terms of reference document, including its attachments.

Third Party Fees means the fees that the Board approves and Ahpra charges education providers in connection with the performance of the Accreditation Functions by the Accreditation Committee.

Work Plan means the work plan set out in Attachment C, as updated under clause 14.

1.2 Interpretation

In these Terms of Reference, except where the context otherwise requires:

- a) the singular includes the plural and vice versa, and a gender includes other genders
- b) another grammatical form of a defined word or expression has a corresponding meaning
- c) a reference to a clause, paragraph, schedule or annexure is to a clause or paragraph of, or schedule or annexure to, these Terms of Reference, and a reference to these Terms of Reference includes any schedule or annexure
- d) a reference to a document or instrument includes the document or instrument as novated, altered, supplemented or replaced from time to time
- e) a reference to **A\$, \$A, dollar, AUD** or **\$** is to Australian currency
- f) a reference to time is to Melbourne, Australia time
- g) a reference to a party is to a party to this Agreement, and a reference to a party to a document includes the party's executors, administrators, successors and permitted assigns and substitutes
- h) a reference to a person includes a natural person, partnership, body corporate, association, governmental or local authority or agency or other entity
- i) a reference to a statute, ordinance, code or other law includes regulations and other instruments under it and consolidations, amendments, re-enactments or replacements of any of them

- j) a word or expression defined in the Corporations Act has the meaning given to it in the Corporations Act
- k) the meaning of general words is not limited by specific examples introduced by including, for example or similar expressions
- l) a rule of construction does not apply to the disadvantage of a party because the party was responsible for the preparation of this Agreement or any part of it, and
- m) if a day on or by which an obligation must be performed or an event must occur is not a Business Day, the obligation must be performed or the event must occur on or by the next Business Day.

1.3 Headings

Headings are for ease of reference only and do not affect interpretation.

1.4 Priority of documents

Unless this Agreement expressly provides otherwise, if there is any inconsistency between any one or more of:

- a) the body of this Agreement, and
- b) a schedule to this Agreement,

the order of precedence between them will be the order set out above, with the terms set out in the body of this Agreement having the highest level of precedence.

2. Inconsistency

If there are changes to the National Law or any relevant decisions by Ministers in connection with the Accreditation Systems Review which may impact on the ability of the Committee to carry out its Accreditation Functions consistently with these Terms of Reference, the Board will amend the Terms of Reference in consultation with the Committee and Ahpra to resolve the issues.

3. Application of Terms of Reference

- a) The Terms of Reference take effect on the Commencement Date and continue to apply to the Committee until the End Date (the **Term**).
- b) The Board may change the End Date at any time in consultation with the Committee and Ahpra.

4. Performance of Accreditation Functions

- a) The Committee must perform the Accreditation Functions:
 - (i) in compliance with all applicable laws and regulatory requirements, and
 - (ii) in accordance with the Work Plan and so as to achieve the Key Performance Indicators.
- b) The Committee will take into account the independent Accreditation Committee's advice when exercising its functions for the purpose of the National Law and to document the outcome of its consideration of that advice.
- c) The Committee, in consultation with Ahpra, must:
 - (i) commence a review of the Work Plan for the next financial year by 31 December each year

- (ii) complete a review of the Work Plan for the next financial year by 1 February each year, and
 - (iii) submit the Work Plan for the next financial year to the Board by 1 March each year for consideration and approval.
- d) The Board will provide written advice to the Committee about the outcomes for its consideration and approval of the Work Plan for the next financial year by 31 March each year.

5. Membership

The Committee will consist of at least seven members including:

- a) At least one individual who is not a registered Medical Radiation Practitioner and who has relevant expertise in higher education and in accreditation within the National Scheme;
- b) At least two registered Medical Radiation Practitioners currently working in senior positions within the higher education sector who have relevant expertise in delivery of Medical Radiation Practitioner education and in accreditation, preferably within the National Scheme; and
- c) At least three registered Medical Radiation Practitioners currently working in a senior position in the practice setting who have comprehensive professional experience including contemporary experience in clinical teaching of Medical Radiation Practitioner students.

6. Appointment of Members

- a) Members of the Board and members of other Board committees are not eligible for appointment to the Committee.
- b) The Board will appoint each member of the Committee following a call for applications published on the Board's website. In deciding whether to appoint a person as a member of the Committee, the Board is to have regard to the skills and experience that are relevant to the Committee's functions.
- c) The Board will have regard to its commitment to strategy 8 in the increased participation objective of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 in making appointments to the Committee.
- d) Where a vacancy occurs prior to the end of a Committee member's term, the Board may fill the vacancy on a temporary or longer-term basis. It is not necessary to advertise such a vacancy before appointing a person to fill a casual vacancy, but the appointment must be consistent with the membership details set out in these Terms of Reference.

7. Removal of Members

The Board may remove a Committee member if:

- a) the member has been found guilty of an offence (whether in a participating jurisdiction or elsewhere) that, in the opinion of the Board, renders the member unfit to continue to hold the office of member; or
- b) that member is a registered health practitioners and ceases to be registered as a result of misconduct, impairment or incompetence; or
- c) the member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with the member's creditors or makes an assignment of the member's remuneration for their benefit; or

- d) the Committee or Board recommends the removal of the member, on the basis that the member has engaged in misconduct or has failed or is unable to properly exercise the member's functions as a member.

8. Term of Appointment

- a) Each member of the Committee will be appointed for a term determined by the Board for up to three years.
- b) Members of the Committee are eligible to apply for reappointment for a maximum of three terms.

9. Chair

The Board will appoint one of the members to be the chair of the Committee.

10. Deputy Chair

The Board will appoint up to two members to be deputy chair(s) of the Committee.

11. Quorum

A quorum for the Committee shall be a majority of members present, but not less than four members.

12. Voting

- a) A decision of the Committee shall be agreed by consensus. If consensus cannot be reached, then a decision will be agreed by a simple majority of the votes (more than half of the members who cast a vote) of the Committee members.
- b) In the event of an equality of votes, the chair of the meeting has a second or casting vote.

13. Financial Arrangements

13.1 Funding arrangements

- a) The Board, in consultation with Ahpra, will make provision for the Funds in the Board's budget to enable the Committee to carry out its Accreditation Functions consistently with these Terms of Reference.
- b) The Committee, in consultation with Ahpra, must:
 - (i) submit a budget to explain the Funds for delivery of the Work Plan for the next financial year to the Board by 1 March each year for consideration and approval, and
 - (ii) apply the Funding Principles and Fee Setting Principles as detailed in Item 1 of Attachment D and Attachment E respectively in developing the budget for delivery of the Work Plan for the next financial year.
- c) The Board will provide written advice to the Committee about the outcomes of its consideration and approval of the budget and the Funds by 31 March each year.
- d) The Board, in consultation with Ahpra, will apply the Funding and Fee Setting Principles to its consideration and approval of the budget and Funds for delivery of the Work Plan for the next financial year.

13.2 Accountability for use of Funds

The Committee and Ahpra, must:

- a) use the Funds only for the performance of the Accreditation Functions, and related activities specified in the Work Plan
- b) maintain accounts relating to use of the Funds, and
- c) submit quarterly reports to the Board on actual financial status against the approved budget and Funds for delivery of the WorkPlan.

13.3 Third Party Fees

The Board, in consultation with Ahpra, must apply the Fee Setting Principles in approving Third Party Fees as part of its consideration and approval of the budget and Funds for delivery of the Work Plan for the next financial year.

13.4 Unused Funds

All amounts provisioned in the Board's budget but not used or not applied by the Committee and Ahpra for delivery of the Work Plan will be retained by the Board.

14. Review

- a) The Committee, the Board or Ahpra may from time to time initiate discussions on the:
 - (i) Work Plan
 - (ii) Funds
 - (iii) Funding Principles
 - (iv) Fee Setting Principles
 - (v) Reporting and documentation requirements as set out in Attachment F, and
 - (vi) Key Performance Indicators.
- b) Where discussions take place under clause 14(a)(i) or 14 (a)(ii), the Board, in consultation with Ahpra, will:
 - (i) conduct a review of the Work Plan or Funds including seeking advice from the Committee; and
 - (ii) acting in good faith and in consultation with Ahpra and the Committee, consider whether any changes are required and confirm the Work Plan or Funds going forward, considering:
 - in relation to changes to the Work Plan, the Committee's current performance of the Accreditation Functions and any request from the Committee for any changes to the Work Plan
 - in relation to changes to the Funds, the Funding and Fee Setting Principles and any request from the Committee for any changes to the Funds, and
 - any other factor which Ahpra and the Board consider materially relevant.
 - (iii) Reviews under this clause 14(b) will only occur once per year except where exceptional circumstances require a review to be undertaken on a more frequent basis.

- c) Where discussions take place in relation to clause 14(a)(iii) to 14(a)(vii), Ahpra, in consultation with the Board, will conduct a review of the:

- (i) Funding Principles
- (ii) Fee Setting Principles
- (iii) reporting and documentation requirements set out in Schedule 6, and/or
- (iv) Key Performance Indicators and

acting in good faith and in consultation with the Board, consider whether any changes are required and confirm the Work Plan or Funds going forward, considering any request from the Committee for any changes.

- d) If the Board makes any changes to the items listed in clause 6(a)(i) to 6(a)(v), those changes will commence from the date of that agreement.

15. Reporting and review

- a) The Committee, with support from Ahpra, must:

- (i) keep full and accurate records about its performance of the Accreditation Functions, including records about progress against any applicable milestones, the use of Funding and the creation of Intellectual Property Rights as a result of the performance of the Accreditation Functions, and
- (ii) provide to the Board the reports and supporting documentation in accordance with the timeframes and form and content requirements as set out in Attachment F.

- b) If the Board, in consultation with Ahpra, identifies significant concerns or risks related to the performance of the Accreditation Functions, the Board may review the Committee's:

- (i) use of Funds, and
- (ii) performance of its obligations under these Terms of Reference.

16. Rectification Plan

- a) If Ahpra, in consultation with the Board, is of the reasonable opinion that the Committee has not met any of the Key Performance Indicators in any year, Ahpra may require the Committee to prepare and provide a plan detailing how the Committee proposes to rectify its failure to meet those Key Performance Indicators (Rectification Plan).
- b) The Rectification Plan must include measures and conditions that will enable the Committee to meet the Key Performance Indicators in the following year.
- c) The Committee must provide the Board the Rectification Plan within 20 Business Days of the date on which Ahpra and /or the Board requested the Rectification Plan under paragraph a), for the Board's approval.
- d) The Committee must comply with the Rectification Plan approved under paragraph 16(c).

17. Ownership of Intellectual Property Rights in Accreditation Material

The Intellectual Property Rights subsisting in all Accreditation Material are retained by Ahpra on behalf of the Committee and the Board.

18. Meetings and Procedures

- a) Meetings will be scheduled as required and be either face-to-face or held by other means such as teleconference or videoconference in accordance with Schedule 4, clause 16 of the National Law.
- b) A record of meeting will be made by Ahpra and confirmed at the next Committee meeting.

19. Assessment Teams

- a) The Committee will convene program assessment teams and may convene other working groups to assist it to exercise its functions.
- b) Ahpra, in consultation with the Committee, will recruit and appoint appropriate experts as contractors to participate in program assessment teams and working groups through an application process similar to that conducted for the Committee appointments.
- c) The Committee, in consultation with Ahpra, will:
 - (i) ensure all program assessment teams complete regular training, and
 - (ii) implement systems to evaluate the performance of assessment teams which are used to continuously improve its policies and processes for assessor selection, appointment and training.

20. Communication Arrangements

- a) Meetings between the Chair of the Committee, Ahpra staff supporting the Committee and the Board Chair (or delegate) and Executive Officer will be conducted at least twice a year.
- b) The Board and Committee will work together in a spirit of cooperation and collaboration.

21. Stakeholder collaboration

The Committee, in consultation with Ahpra, will develop and implement processes for effective collaboration with key stakeholders including education providers and the Health Professions Accreditation Collaborative Forum.

22. Dispute resolution

In the event of a disagreement between the Committee and the Board, the preferred approach to resolving the matter is:

- a) The Chair of the Board and the Chair of the Committee must meet to discuss the matter and seek to resolve the disagreement. Ahpra will assist with the arrangements for such a meeting as part of its usual role in providing support to the Board and Committee.
- b) If the Chair of the Board and the Chair of the Committee are unable to resolve the disagreement within 28 days of meeting, they must refer the disagreement to the National Director, Policy and Accreditation, Strategy and Policy Directorate, Ahpra.
- c) The National Director, Policy and Accreditation will take reasonable steps to facilitate resolution of any disagreement.

23. Public Interest

Each member of the Committee must:

- a) act impartially and in the public interest in the exercise of their functions, and
- b) put the public interest before:
 - (i) the interests of education providers or any entity that represents education providers
 - (ii) the interests of the profession or any entity that represents the profession, and
 - (iii) the interests of employers or any entity that represents employers.

24. Conflicts of Interest

- a) Members of the Committee must comply with the conflict of interest requirements set out in Schedule 4, clause 8 of the National Law, and
- b) The Committee must maintain an up-to-date conflict of interest register that must be made available to the Board following its request.

25. Other

25.1 Duty of confidentiality

- a) Members of the Committee are bound by the duty of confidentiality under section 216 of the National Law.
- b) If the Committee intends to publish its findings under section 49(4)(b) of the National Law, it must provide the Board with 14 days' notice of its intention and it must consider any comments provided by the Board in response.

25.2 Protection from personal liability for persons exercising functions

Members of the Committee are protected persons under section 236 of the National Law when exercising Accreditation Functions, and:

- a) are not personally liable for anything done or omitted to be done in good faith:
 - (i) in the exercise of a function under the National Law, or
 - (ii) in the reasonable belief that the act or omission was the exercise of a function under the National Law.
- b) any liability resulting from an act or omission that would, but for subsection 236(1) of the National Law, attach to a member of the Committee attaches instead to Ahpra.

25.3 Variation

- a) The Board, in consultation with the Committee and Ahpra, may vary the scope of work in Attachment B, for example, to provide for participation in multi-profession projects.
- b) The Board must advise the Committee and Ahpra of any proposed variation in writing and state the proposed variation and a proposed reasonable adjustment to the Funds.

26. Review of these Arrangements

The accreditation arrangements will be reviewed by 30 June 2029.

27. Document Control

Approver	Medical Radiation Practice Board of Australia	
Date Approved	February 2025	
Date Commenced	1 July 2024	
Date for review	These terms of reference will be reviewed every 5 years.	
Responsible Officer	National Manager Accreditation and Assessment	
Sections modified	Date	Description
	July 2024	New Terms of Reference

Attachment A – Application of Terms of Reference

Item	Clause Reference	Details
1	Clause 3(a)	1 July 2024 (Commencement Date)
2	Clause 3(a)	30 June 2029 (End Date)

Attachment B – Accreditation Functions

The Committee will carry out the following Accreditation Functions during the Term of the Agreement.

1. Development and review of accreditation standards

The Committee will carry out the following functions relating to the development of accreditation standards:

- a) develop accreditation standards as required by the Board in accordance with the procedures for the development of accreditation standards established by Ahpra under the National Law;
- b) provide advice to the Board about accreditation standards, including issues that indicate that the Approved accreditation standards require review;
- c) regularly review the Approved accreditation standards according to timeframes, issues and funding agreed by the Accreditation Authority and Ahpra in consultation with the Board; and
- d) give consideration to the guidance provided by the Accreditation Committee from time to time.

2. Accreditation of programs of study and education providers

The Committee will carry out the following functions relating to accreditation of programs of study in Australia:

- a) accredit programs of study as provided for in section 48 of the National Law;
- b) monitor programs of study as provided for in section 50 of the National Law;
- c) submit reports on accreditation of programs of study, including monitoring;
- d) provide advice to the Board about matters relating to assessment, accreditation and monitoring of programs of study as required, and in a format consistent with Communication between Accreditation Authorities and National Boards about accreditation and program approval decisions and changes to accreditation standards – a guidance document about good practice as updated from time to time; and
- e) advise the Board if the Accreditation Authority refuses to accredit a program of study or revokes the accreditation of an approved program of study and provide the reasons for the Authority's decision.

3. Assessment of overseas assessing authorities

The Board does not require the Committee to carry out the following function at this time:

- a) assessment of authorities in other countries who conduct examinations for registration of Medical Radiation practitioners or accrediting programs of study relevant to registration of Medical Radiation practitioners, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise as a Medical Radiation practitioner in Australia.

4. Assessment of overseas qualified health practitioners

The Board does not require the Committee to carry out the following function at this time:

- a) conducting assessments of overseas qualified Medical Radiation Practitioners seeking registration that reflect National Law provisions related to the qualification element of eligibility for registration;

- b) developing appropriate assessment methodologies as required by the Board;
- c) developing appropriate examination questions as required by the Board; and
- d) providing advice to the Board on matters relating to assessment of overseas qualified Medical Radiation Practitioners that reflect National Law provisions related to the qualification element of eligibility for registration.

Attachment C – Workplan

Medical Radiation Practice Accreditation Committee's confirmed workplan

2025-2026FY

	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026
Meetings												
Committee meetings				16 th VC				17 th VC				11 th F2F
Accreditation Committee Chairs' meetings	24 th		8 th		13 th			TBD			TBD	
Exec Meetings (Board and Committee Chair)					TBD					TBD		
Health Profession Accreditation Collaborative Forum meetings	25 th		10 th		14 th			TBD			TBD	
Annual accreditation meeting			9 th									
Business processes and procedures												
Recruit assessors/Assessor training												
Approve routine monitoring package				2026								
Budget and workplan								Indicative 2026-27FY			Confirmed 2026-27FY	
Annual review and forward planning								2025 CY				
Reports to Board under ToR requirements					Annual report					Exception report		
Review accreditation standards, including consultation							Publish					
Implementation of accreditation standards												
Assessment of programs of study												
Receive application for accreditation assessment	Curtin x2										RMIT	
Evaluate application		Curtin x2	Curtin x2	Curtin x2	Curtin x2							RMIT
Site visit (physical/videoconference)								Curtin x2				
Draft accreditation report writing, and fact check								Curtin x2	Curtin x2	Curtin x2	Curtin x2	
Decision on accreditation and proposed conditions												Curtin x2

	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026
Confirm accreditation decision												
Notice to education provider and report to Board on accreditation decision												
Monitoring approved programs of study												
Receive responses to routine monitoring (RM)/conditions and/or monitoring requirements												
Evaluate responses to RM or conditions and/or monitoring requirements (monitoring) and prepare report	Triage Panel review of RM responses (16 programs)											
Committee considers monitoring report				RM (16) + monitoring					# of Monitoring reports TBD			# of Monitoring reports TBD
Update education provider and Board on outcome of the monitoring					RM (16) + monitoring					# of Monitoring reports TBD		
Monitoring visits												
Stakeholder engagement												
Evaluate stakeholder engagement framework (SEF)												
Revise SEF												
Implement SEF												
Meetings/other engagement activities				ANZSNM					ASMIRT			MRA

Attachment D – Funding arrangements

2025-26FY CONFIRMED BUDGET FOR MEDICAL RADIATION PRACTICE ACCREDITATION COMMITTEE

Explanatory note: This worksheet sets out a summary of expected income and expenditure - at May 2025

		2025-26FY Confirmed (2025-05)	2024-25FY Confirmed (2024-06)	2023-2024FY Confirmed (2023-07)	Explanatory notes for 2025-26FY confirmed budget
	ACCREDITATION EXPENSES				
O007	Ahpra support (staffing and infrastructure)	279,496	247,018	208,204	Based on 23.6% of the Program Accreditation team's work related to support for MRP activities. Weighting includes two programs undergoing accreditation assessment; monitoring nineteen programs of study; and three Committee meetings.
O020	Accreditation assessments				
	Assessor payments including review of application, site visit and report writing	18,984	0	47,190	Two programs undergoing accreditation assessment in 2025-2026FY vs zero in 2024-25FY
	Site visit accommodation and incidentals	2,220	0	0	
	Site visit travel and flights	2,640	0	0	
O021	Accreditation monitoring				
	Assessor payments for monitoring (RM/monitoring/special/monitoring visits)	28,928	28,704	54,698	Monitoring nineteen programs of study through routine; and conditions and/or monitoring requirements. Removed monitoring contingency costs.
	Site visit accommodation and incidentals	0	1,110	3,750	Nil monitoring visits planned in 2025-26FY.
	Site visit travel and flights	0	2,640	4,440	
O022	Accreditation committee expenses				
	Committee member sitting fees including travel time	31,994	26,905	38,127	Assume 3% increase in sitting fees, payroll tax increased; added workers comp costs; increase in superannuation from 11.5% in 2024-25FY to 12% in 2025-26FY. Removed contingency meeting costs.
	Committee member accommodation and incidentals	2,960	1,850	3,700	
	Committee member travel and flights	5,700	4,820	9,640	
	Training	1,500			Training to cover attendance at events such as TEQSA Conference
O383	HPACF participation				
	Chair sitting fees including travel time	6,327	6,851	8,944	HPACF meetings will be F2F in Canberra and Melbourne and this is based on 5 meetings. Travel costs for Canberra meetings as Chair is based in Melbourne. Assume 3% increase in sitting fees + increase in superannuation as mentioned above. Removed contingency meeting costs.
	Chair accommodation and incidentals	740	1,110	1,110	
	Chair travel and flights	1,760	2,640	3,200	Fee of \$5k excludes GST. This may increase up to a maximum of \$18,000. A separate funding request will be provided to the Board once the Forum makes its fee schedule available to the authorities.
	Annual membership fee for HPACF	5,000	5,000	5,000	
O384	Assessor training				
	Assessor payments	2,712	2,208	3,575	Six assessors participating in online training.
	Assessor accommodation and incidentals	0	0	0	No cost in 2025-26 as online
	Assessor travel and flights	0	0	0	
	Venue Hire or Module build for assessor training	0	0	0	No venue hire or module build anticipated
	BASE EXPENDITURE (including Ahpra support cost but no projects)	390,960	330,856	391,578	
O350	Joint review of accreditation standards				
	Project team	25,379	25,379	35,530	Review of 2019 accreditation standards commenced in March 2024.
0521 & 0525	HPACF Assessment of cultural safety accreditation standards - training for assessors - project				
	Development costs	0	0	0	Development costs of \$11,600 paid in 2022-23FY.
	Implementation of evaluation of training	0	0	8,496	Evaluation costs anticipated in 2025-26FY once training has been completed. \$8,496 included in rollover costs from 2023-24FY.
	Fees to ABSTARR for assessors to participate	3,264	3,952	13,338	Per learner fee \$494 + GST x 6 assessors.
	Assessor payments	16,272	17,664	0	Six assessors attending training (6 modules + a f2f component).
	Assessor accommodation and incidentals	2,060	1,800	0	Travel costs for f2f component.
	Assessor travel and flights	4,680	5,840	0	
	PROJECT EXPENDITURE	51,655	54,635	57,364	
	TOTAL EXPENDITURE (including Ahpra support cost)	442,615	385,491	448,942	
	ACCREDITATION INCOME				
	Education provider payments				
	Accreditation assessment fees	60,000	51,000	135,365	
	Annual accreditation fees	160,000	150,400	98,880	
	TOTAL INCOME	220,000	201,400	234,245	
	NET COST TO BOARD (Total Expenditure including projects less Total Income)	222,615	227,758	214,697	

Attachment E – Fee Setting Principles

The Fee Setting Principles below will guide accreditation authorities when they are setting fees for third parties including education providers and overseas qualified practitioners. The principles below will apply in 2024/25 and may be reviewed under clause 14.

The Fee Setting Principles are to guide accreditation authorities when they are setting fees charged to education providers and, where relevant, overseas qualified practitioners (third party fees).

1. the Fee Setting Principles aim to promote consistency, transparency and accountability for fees charged by accreditation authorities.
2. when an accreditation authority is setting third party fees the following Fee Setting Principles should be considered:
 - a. fees should be reasonable and proportionate to the cost of the services being provided to the third party.
 - b. increases in fees from the previous year should not usually exceed the indexation range applicable to National Board fee increases.
 - c. where an accreditation authority considers an increase in fees above the indexation range is required, it should put the fee proposal and a business case supporting the proposal to Ahpra and the National Board for consideration.
 - d. such a proposal should be forwarded to Ahpra and the National Board by 10 February or earlier each calendar year to enable them to have sufficient time to properly consider the proposal.
 - e. Ahpra and the National Board may recommend to the accreditation authority the proposed fee increase or a lesser amount be applied. Such a recommendation and reasons for that recommendation should be forwarded to the accreditation authority to enable it to have sufficient time to properly consider the recommendation and reasons.
 - f. the accreditation authority must communicate with education providers on any proposed fee increase that exceeds the indexation range.

Attachment F – Reporting and documentation

The Committee will report on an annual basis against a template based on the KPIs and key activity data to be agreed between the parties.

The report template will focus on meaningful parameters and will seek to refine and improve, rather than increase, the current six-monthly reporting requirements.

Attachment G – Key Performance Indicators

DOMAIN ONE: CULTURAL SAFETY AND ELIMINATING RACISM (UNDER DEVELOPMENT)

KPI 1.1: the number of accreditation KPIs for cultural safety, established in the National Scheme Cultural Safety Accreditation and Continuing Professional Development (CPD) upskilling framework and strategy, that are met.			
Data definition: to be determined (TBD)			
Measurement: the number of KPIs that are met (KPIs and measures to meet them are currently under development).			
Purpose of KPI: to measure the accreditation authority's alignment with the National Scheme Cultural Safety Accreditation and CPD upskilling framework and strategy.			
Use of KPI: for internal assessment of the accreditation authority over time, and for comparison with other accreditation authorities.			
Reporting of KPI: TBD			
Assessment of performance:	Not performing 	In progress 	Performing 
Year 1	TBD	TBD	TBD

KPI 1.2: the number of accreditation KPIs for eliminating racism, established in the National Scheme Cultural Safety Accreditation and CPD upskilling framework and strategy, that are met.			
Data definition: TBD			
Measurement: the number of KPIs that are met (KPIs and measures to meet them are currently under development).			
Purpose of KPI: to measure the accreditation authority's alignment with the National Scheme Cultural Safety Accreditation and CPD upskilling framework and strategy.			
Use of KPI: for internal assessment of the accreditation authority over time, and for comparison with other accreditation authorities.			
Reporting of KPI: TBD			
Assessment of performance:	Not performing 	In progress 	Performing 
Year 1	TBD	TBD	TBD

DOMAIN TWO: GOVERNANCE

KPI 2.1: the effectiveness of the accreditation authority's: • risk management framework; • board member selection process; • support for directors and provision of board training, assessment and evaluation activities.			
Data definition: “board assessment and evaluation activities” means activities that: • assess or evaluate governance processes, procedures and culture, such as membership reviews or skills assessment and matching, board functioning, reflective activities, external board assessment; or • provide training or education on general corporate governance; or • provide training or education on the function, structure and governance of the National Scheme.			
Measurement: The effectiveness of a risk management framework is measured by the extent to which the framework outlines processes for the regular identification, review and mitigation of risks and identifies the person(s)/committee/structure that oversee(s) that process. The effectiveness of a board member selection process is measured by considering the extent to which the process includes best practice elements such as: assessment of skills and experience of the current board and selection to fill gaps (e.g. use of a skills matrix); assessment of experience and commitment to the organisation's purpose; transparent processes (role descriptions/skill set/selection criteria/advertising process); consideration of diversity; balance between independent and nominated board members. The effectiveness of board assessment and evaluation activities is measured by the percentage of board members who participated in activities that provided assessment or evaluation of the accreditation authority's governance or provided training or education in governance during the reporting period.			
Purpose of KPI: to measure the continuous improvement of an accreditation authority's internal governance and its knowledge and understanding of the National Scheme.			
Use of KPI: for internal assessment of the accreditation authority over time, and for comparison with other accreditation authorities.			
Reporting of KPI: accreditation authority to provide the authority's: • risk management framework; • board member selection process; • the percentage of board members who participated in board training, assessment and evaluation activities over the reporting period, and a description of those activities.			
Assessment of performance:	Not performing 	In progress 	Performing 

Year 1	An effective risk management framework is not in place and/or Board member selection processes have insufficient best practice elements and/or less than 50% of board members have undertaken training, assessment and evaluation activities as set out above	An effective risk management framework is in place or development/ implementation is progressing and/or Progress is being implemented towards a best practice board member selection process and/or 50% to 70% of board members have undertaken training, assessment and evaluation activities as set out above	An effective risk management framework is in place and A best practice board member selection process is in place; and 70% or more board members have undertaken training, assessment and evaluation activities as set out above
--------	--	--	---

DOMAIN THREE: EFFECTIVE DELIVERY OF ACCREDITATION SERVICES

KPI 3.1: the number of requests for review of, or complaints about, an accreditation authority's decision or processes in relation to accreditation of a program of study and the outcome of the review or complaint.
Data definition: the categories used for a request for a review or a complaint are: • a request for review of an accreditation authority's decision to refuse to accredit a program of study under s48(5) of the National Law; • a complaint made to the National Health Practitioner Ombudsman by an education provider in relation to an accreditation process; or • any legal action taken against an accreditation authority by an education provider in relation to an accreditation decision or process.
Measurement: the number, category and outcome of requests for review received, or complaints made.
Purpose of KPI: to demonstrate the transparency and accountability of the decision-making processes of the accreditation authority. It is noted that the number of complaints or requests for review is not necessarily an indicator of the quality of the assessment process. Rather, trends over time will provide information to inform discussions between the National Board and the accreditation authority.
Use of KPI: for internal comparison of the accreditation authority's review patterns (number, category and outcome) over time.
Reporting of KPI: accreditation authority to report the number, category and outcome of requests for review or complaints over the reporting period and cumulatively over the term of the Agreement. It is expected that the number of complaints or requests for review will be small, and can be reported individually. If numbers are large, accreditation authorities are to consult with Ahpra/the National Board about an appropriate reporting format.
Assessment: this KPI is not subject to a performance rating but will be measured over time and be subject to qualitative assessment. A performance rating may be developed over time for particular accreditation authorities if feasible, and in consultation with the accreditation authority.

KPI 3.2: The time taken to examine or assess an overseas trained practitioner's (practitioner) suitability for registration in Australia by an accreditation authority (only for those accreditation authorities that assess overseas qualified practitioners).			
Data definition: The "time taken to examine or assess an overseas qualified practitioner's suitability for registration" means the number of business days between the date a practitioner lodged a complete application for an assessment with the accreditation authority until the date the authority's assessment decision was notified to the practitioner. The examination of the practitioner or assessment of their qualifications is to determine if the practitioner has the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia. Examples of types of examinations or assessments include verification of a relevant qualification, theory and practical assessments. Each accreditation authority defines the parameters clearly to avoid ambiguity in the process. National Board assessments undertaken by a body other than the accreditation authority where fees are paid to that body are not included in this KPI e.g. assessments undertaken for purposes other than registration, skills assessments undertaken only for migration purposes.			
Measurement: the number of business days per application.			
Purpose of KPI: to demonstrate efficiencies in the assessment processes of the accreditation authority. It is noted that aspects of assessment time periods are not within the control of the accreditation authority (for example, time taken by practitioner to complete certain steps). However, the overall time taken for assessments provides useful information for National Boards and Ahpra to discuss assessment times with accreditation authorities and identify steps in the process where efficiencies could be made.			
Use of KPI: for internal assessment of the accreditation authority over time.			
Reporting of KPI: accreditation authority to report the number and type of assessments undertaken and the time taken for each assessment (over the reporting period and cumulatively over the Term of the Agreement). As numbers for some accreditation authorities may be large, Ahpra/the National Board will liaise with authorities regarding an appropriate reporting format.			
Assessment: This KPI is not subject to a performance rating in Year 1, but a performance rating may be developed over time once baseline data is sufficient. However, inability to provide data will be considered "not performing".			

KPI 3.3: The schedule of fees charged by an accreditation authority to examine or assess an overseas trained practitioner to determine the practitioner's suitability for registration in Australia (only for those accreditation authorities that assess overseas qualified practitioners).			
Data definition: The “schedule of fees” charged by an accreditation authority to examine or assess an overseas trained practitioner, means the total fee payable by an overseas trained practitioner to an accreditation authority to undertake the examination or assessment. The examination or assessment of qualifications is to determine the suitability of the applicant for registration in Australia. Examples of types of examinations or assessments include verification of a relevant qualification, theory and practical assessments. Each accreditation authority to define these parameters if there is ambiguity. (National Board assessments undertaken by a body other than the accreditation authority where fees are paid to that body are not included in this KPI.)			
Measurement: the total AUD \$ amount payable by an overseas trained practitioner to the accreditation authority.			
Purpose of KPI: to provide information on changes in fees over time and to inform discussion with the National Board and Ahpra on matters such as efficiency and effectiveness of examinations and assessments, reasons for fee changes and other such matters.			
Use of KPI: for internal comparison of the accreditation authority's fee structure over time.			
Reporting of KPI: accreditation authority to report its schedule of fees for each type of examination or assessment (for the reporting period and cumulatively over the Term of the Agreement), as well as information explaining increases/decreases in fees and any improvements to assessment processes being undertaken by the accreditation authority.			
Assessment: This KPI is not subject to a performance rating in Year 1, but a performance rating may be developed over time once baseline data is sufficient (for example, % increase or decrease). However, inability to provide data will be considered “not performing”.			

KPI 3.4: the level of engagement between an accreditation authority and its education providers			
Data definition: the “level of engagement” between an accreditation authority and its education providers will be measured through an agreed standard set of questions to be included in annual surveys undertaken by accreditation authorities.			
Measurement: to be developed in conjunction with the development of standard survey questions.			
Purpose of KPI: to demonstrate the level of engagement the accreditation authority has with its education providers.			
Use of KPI: for internal and external comparison over time.			
Reporting of KPI: dependent on standard survey questions.			
Assessment: this KPI is not subject to a performance rating in Year 1. However, agreeing a standard set of survey questions is a performance measure for all authorities in Year 1. Measures in Year 2 and following to be determined.			

DOMAIN FOUR: INTERPROFESSIONAL ENGAGEMENT AND REDUCING REGULATORY BURDEN

KPI 4.1: the number and type of inter-profession/inter-agency collaborative accreditation activities engaged in by an accreditation authority.			
Data definition: “Inter-profession/inter-agency collaborative accreditation activities” means activities with other relevant agencies that aim to either: develop consistent accreditation standards and processes; avoid unnecessary regulatory burdens; improve accreditation processes or share best practice. “other relevant agencies” means agencies involved in accreditation or standard setting such as National Scheme accreditation authorities, Australian or overseas agencies involved in health professional accreditation and standards; other bodies that are involved in education and health accreditation, such as Australian Commission on Safety and Quality in Health Care (ACSQHC); Tertiary Education Quality and Standards Agency (TEQSA) / Australian Skills Quality Authority (ASQA).			
Measurement: the number and type of inter-profession/inter-agency collaborative accreditation activities engaged in by an accreditation authority.			
Purpose of KPI: to demonstrate continuous improvement, best practice, collaboration, reduction of regulatory burden, development of streamlined systems. It is noted that accreditation authorities participate in the Health Professions Accreditation Collaborative (HPAC) Forum. While this is valuable, this KPI is intended to measure activities in addition to mere attendance at HPAC Forum meetings. Significant engagement in work/projects undertaken through the HPAC Forum will be relevant.			
Use of KPI: to be used for internal assessment of the accreditation authority in the reporting period.			
Reporting of KPI: accreditation authority to report the type, description and number of inter-profession/inter-agency collaborative accreditation activities in which it has engaged during the reporting period, including intentions and outcomes of the activity.			
Assessment of performance:	Not performing  accreditation authority has not engaged in any relevant activities in addition to HPAC Forum attendance	In progress  accreditation authority has engaged in some relevant activities in addition to HPAC Forum attendance and can demonstrate some progress on outcomes.	Performing  accreditation authority has been substantially engaged in relevant activities in addition to HPAC Forum attendance and can demonstrate outcomes

DOMAIN FIVE: HEALTH AND WORKFORCE PRIORITIES

KPI 5.1: the contribution of an accreditation authority in advancing responsive accreditation systems and progressing workforce priorities consistent with the National Law's objectives and guiding principles and National Scheme workforce strategies.			
Data definition: a "responsive accreditation system", means enhancing the ability of the accreditation system to adapt to the changing healthcare landscape both domestically and globally, consistent with the National Law's objectives and guiding principles and National Scheme workforce strategies.			
Measurement: a qualitative response by an accreditation authority that describes relevant activities and their outcomes. Qualitative responses may include work undertaken to progress: • recommendations in government reports and policy directions; or • Ahpra and National Boards' strategic workforce priorities.			
Purpose of KPI: to demonstrate responsiveness in relation to emerging health and workforce priorities.			
Use of KPI: to be used for internal assessment of the accreditation authority's activities.			
Reporting of KPI: accreditation authority to provide a description of its activities and progress towards outcomes over the reporting period.			
Assessment of performance:	Not performing  minimal or no relevant activities undertaken	In progress  accreditation authority has been involved in some relevant activities and shown some progress on outcomes	Performing  accreditation authority has been substantially involved in relevant activities and shown progress on outcomes

DOMAIN SIX: SAFETY AND QUALITY

KPI 6.1: The accreditation authority requires accredited programs to graduate students capable of providing healthcare in settings that align with the National Safety and Quality Health Service Standards and/or Primary and Community Healthcare Standards.
Data definition: The National Safety and Quality Health Service Standards and the National Safety and Quality Primary and Community Healthcare Standards require health care providers/practitioners to have systems, processes, competencies to support safe, effective and high-quality care. Accreditation authorities should have accreditation standards that relate to the adequate preparation of students to deliver care in line with these national standards.
Measurement: evaluation of the response of an Accreditation Authority on how it assesses an accredited program's preparation of students to meet the national standards.
Purpose of KPI: to demonstrate the accreditation authority's effectiveness in having an accredited program that align with the National Safety and Quality Health Service Standards and/or the National Safety and Quality Primary and Community Healthcare Standards. To provide information relevant to developing future quality and safety approaches and policies. To establish a continuous avenue for interaction with the Australian Commission for Safety and Quality in Health Care.
Use of KPI: to generate reports, identify trends, and inform quality improvement and policy development.
Reporting of KPI: a response by an accreditation authority that describes how it assesses an education program's preparation of students to meet the requirements of the national standards, including any observations regarding assessed programs' performance in this regard.
Assessment: This KPI is not subject to a performance rating but will be considered over time to inform the development of future KPIs regarding quality and safety.