



# Draft Accreditation Standards: Medical radiation practice

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## 1. Preamble

Medical radiation practice education began in Australia in the 1930s with a radiography course in Victoria. Education in nuclear medicine began in the mid-1970s.

In the 1970s programs were offered through higher education tertiary institutions when the government introduced Colleges of Advanced Education. Later, institutions of technology delivered medical radiation practice education until the Commonwealth abolished this sector in 1991 and implementation of programs transferred to universities. During this period, medical radiation practice education changed from certificate level program through associate diploma, diploma to bachelor degree level.

The Conjoint Board was responsible for accreditation of medical radiation practice education from the 1950s until 1986 when the professional associations established and implemented accreditation systems. These systems operated until 2012.

On 1 July 2012, the medical radiation practice profession joined the National Registration and Accreditation Scheme (National Scheme) under the Health Practitioner Regulation National Law, as in force in each state and territory (National Law).

The Medical Radiation Practice Board of Australia (National Board) established the Medical Radiation Practice Accreditation Committee (Accreditation Committee) under the National Law. The Accreditation Committee is responsible for developing the accreditation standards against which education providers and their implementation of medical radiation practice programs will be assessed when applying for accreditation under the National Law. The Accreditation Committee first published accreditation standards and procedures in December 2013. The Accreditation Committee must regularly review the accreditation standards to ensure that they are contemporary and relevant.

The Accreditation Committee accredits programs that meet, and monitors programs to ensure they continue to meet, the accreditation standards for medical radiation practice programs as outlined in this document. The accreditation standards refer to the *Medical Radiation Practice Professional Capabilities* (professional capabilities). The *Medical Radiation Practice professional capabilities* identify the knowledge, skills and professional attributes needed for medical radiation practice in Australia. The Accreditation Committee ultimately seeks the design and implementation of a curriculum that maps to all the *Medical Radiation Practice Professional Capabilities*. Accreditation of a program therefore provides assurance to the National Board and the community that graduating students from the medical radiation practice program have the knowledge, skills and other professional attributes and capabilities that are necessary for medical radiation practice in Australia. The Accreditation Committee provides reports about accredited programs to the National Board. The National Board considers these reports when it approves programs for registration purposes.

Graduates of an accredited and approved program are qualified for general registration to practice as a diagnostic radiographer, radiation therapist or nuclear medicine technologist.

This document contains:

- An outline of the context of the accreditation process and the standards
- The medical radiation practice accreditation standards and their associated criteria
- Guidance on the evidence to be presented by providers seeking accreditation or responding to monitoring of a program with the Accreditation Committee, including:
  - expected information for each criterion to be presented
  - explanatory notes, to assist common understandings between accreditation assessment teams and providers as to the Accreditation Committee's requirements
  - a glossary of key terms used.

Assessment teams and providers of programs should also refer to the separate document *Medical Radiation Practice Accreditation Process* for an account of the accreditation processes and procedures used by the Accreditation Committee to assess and monitor programs against the accreditation standards.

### **Overview of the Accreditation Standards: Medical radiation practice**

These accreditation standards recognise contemporary practice in standards development across Australia and internationally. The accreditation standards focus on demonstration of outcomes. Where education processes are considered, the evidence relates to learning outcomes and related assessment tasks rather than evidence of any specific process. The accreditation standards accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches. The focus is on evidence that student learning outcomes and assessment tasks map to all the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board.

The Accreditation Committee recognises the role of the Department of Education and Training (DET), the Higher Education Standards Panel (HESP)<sup>1</sup> and the Tertiary Education Quality Standards Agency (TEQSA)<sup>2</sup> in the regulation and quality assurance of higher education in Australia. The Accreditation Committee does not seek to duplicate the role of these bodies and does not assess against the standards from the *Higher education standards framework (Threshold Standards) 2015 (threshold HES)*<sup>3</sup>. These accreditation standards apply to the program of study (the program) and aspects of the education provider that are directly related to implementation of the program. The Accreditation Committee applies these accreditation standards to ensure education providers and their programs provide medical radiation practice students with the knowledge, skills and attributes required for competent and ethical practice of medical radiation practice in Australia. New programs are assessed, and accredited programs are monitored against, the same accreditation standards and associated criteria.

### **Structure of the accreditation standards**

The *Accreditation Standards: Medical radiation practice* comprise five Domains:

1. Assuring safe practice
2. Academic governance and quality assurance of the program
3. Program design, implementation and resourcing
4. The student experience
5. Assessment

A Standard Statement articulates the standard for each Domain.

Each Standard Statement is supported by multiple criteria. The criteria are indicators that set out what is required to meet the Standard Statement.

### **Guidance on the presentation of evidence for accreditation assessment and its evaluation by the Medical Radiation Practice Accreditation Committee**

The Accreditation Committee relies on both current documentary evidence submitted by the provider and experiential evidence obtained by the assessment team during the accreditation process through site visits and discussions with the provider, students, staff, work integrated learning providers and supervisors, graduates and employers.

Expert assessment teams, using the principles of fairness, validity, sufficiency and reliability, will evaluate the evidence the provider presents for each criterion and report on its findings to the Accreditation

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<sup>1</sup> Information about the Higher Education Standards Panel is available at <https://www.education.gov.au/higher-education-standards-panel-hesp-0>

<sup>2</sup> Information about the Tertiary Education Quality Standards Agency is available at [www.teqsa.gov.au](http://www.teqsa.gov.au)

<sup>3</sup> Information about the *Higher education standards framework 2015* <https://www.legislation.gov.au/Details/F2015L01639>

Committee. The Accreditation Committee will use the report from the assessment team to decide on accreditation of the program. Programs may be accredited, accredited with conditions and/or specific monitoring requirements, or not accredited. The onus is on the education provider to present evidence that demonstrates how the medical radiation practice program meets each of the accreditation standards.

### Monitoring of accredited programs

After the Accreditation Committee accredits a program, the Committee has a legal responsibility to monitor whether the program continues to meet the accreditation standards and associated criteria. Continued accreditation requires that the program meets the accreditation standards and associated criteria while students continue to be enrolled in the accredited program. The expected information listed in this document should therefore be kept up-to-date and available during the life of the program because the Accreditation Committee will expect information to be presented at each round of monitoring. The expected information to be presented during monitoring will be based on the findings of the original assessment (or previous monitoring) and risks identified by the Accreditation Committee.

During monitoring, the Accreditation Committee relies primarily on documentary evidence submitted by the education provider. If the Accreditation Committee is not reasonably satisfied the accredited program continues to meet accreditation standards and associated criteria, it may seek further evidence through discussions with the education provider and/or through a site visit.

### Feedback and further information

The Accreditation Committee invites education providers, accreditation assessors and other users to provide feedback on the expected information and guidance within this document. Email your comments and suggestions to [Accreditation.Unit@ahpra.gov.au](mailto:Accreditation.Unit@ahpra.gov.au). The Accreditation Committee will review all of your feedback, which will inform refinements to relevant content in this document.

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## 2. The accreditation standards, criteria, expected information and explanatory notes

### Standard 1: Assuring safe practice

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
Assuring safe practice is paramount in program design and implementation.	1.1	Safe practice is clearly identified in the learning outcomes of the program and during work integrated learning.	<ul style="list-style-type: none"> <li>• Program materials and unit/subject profiles/outlines that clearly identify protection of the public and safe practice are addressed in the curriculum</li> <li>• Three de-identified examples of assessments - lowest mark, highest mark and average mark - which show that safe practice is being assessed</li> <li>• Examples of implementation of formal mechanisms that identify, report on and remedy issues that may affect safe practice and any actions taken</li> </ul>
	1.2	The education provider implements formal mechanisms to ensure students in the program are fit to practise safely at all times.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms that outline how the education provider monitors and manages student fitness to practise throughout the duration of the program</li> <li>• Three de-identified examples of assessments - lowest mark, highest mark and average mark - to show implementation of formal mechanisms to ensure students are safe to engage in practice prior to work integrated learning, including confidential disclosure of issues by students, vaccinations and, where mandated, completion of police checks and working with children checks</li> </ul>
	1.3	Students in the program are required to achieve relevant pre-clinical capabilities, including having an appropriate level of English language skills, prior to each period of work integrated learning.	<ul style="list-style-type: none"> <li>• Documents showing the relevant learning outcomes to be achieved prior to each period of work integrated learning within the program</li> <li>• Three de-identified examples of assessments - lowest mark, highest mark and average mark - which show assessment of these relevant learning outcomes</li> </ul>

	1.4	Health practitioners who supervise students in the program during work integrated learning hold current registration in Australia for the clinical elements they supervise.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms on work integrated learning and supervision, at clinical sites</li> </ul>
	1.5	Facilities and health services where students in the program engage in work integrated learning maintain relevant accreditation and licences.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms that require external clinics and/or practices where students in the program engage in work integrated learning to maintain relevant accreditation and examples to show that the education provider monitors the currency of accreditation</li> <li>• Register of agreements (formal contracts and/or other written communication securing work integrated learning) between the education provider and external clinics and/or practices where students in the program engage in work integrated learning</li> <li>• Examples of implementation of formal mechanisms on clinical and workplace safety including radiation safety and the screening, reporting and control of infectious diseases</li> </ul>
	1.6	The education provider requires students to comply with the Medical Radiation Practice Board of Australia's guidelines relevant to safe practice, and provides mechanisms for students to familiarise themselves with any changes to relevant guidelines as they arise.	<ul style="list-style-type: none"> <li>• Information provided to students that refers to the requirement for them to comply with the Medical Radiation Practice Board of Australia's guidelines</li> <li>• Examples of implementation of formal mechanisms on mandatory and voluntary notifications to the Australian Health Practitioner Regulation Agency (AHPRA) about students</li> </ul>
	1.7	The education provider complies with its obligations under the Health Practitioner Regulation National Law as in force in each state and territory and other laws (National Law).	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms regarding compliance with relevant legislation including the National Law</li> </ul>
	1.8	The education provider requires students to comply with a code of conduct consistent with the Medical Radiation Practice Board of Australia's expectations of ethical and professional conduct.	<ul style="list-style-type: none"> <li>• Examples of implementation of a code of conduct that is consistent with the Medical Radiation Practice Board of Australia's guiding principles on ethical and professional conduct</li> </ul>

## Standard 1: Explanatory notes

This accreditation standard addresses safe practice and the care of patients/clients as the prime considerations. The focus is on work integrated learning and supervision and the way the education provider effectively manages work integrated learning environments to ensure quality and reliable outcomes for both patients/clients and students.

### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected to be provided in relation to different elements for criteria 3.3, 3.7 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which they relate and aspects that are specific to the criterion should be emphasised.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that TEQSA has assessed the education provider's policy and procedure portfolio. The Accreditation Committee requires evidence of the implementation of formal mechanisms at the program level i.e. the outputs/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

### **Student fitness to practise**

Fitness to practise includes a student's capacity to safely undertake work integrated learning. Impairment has a specific meaning in Australia (see Glossary).

The Accreditation Committee recognises that Radiation Use Licence legislation may require supervision of students when they are operating certain equipment.

### **Work integrated learning**

The Accreditation Committee recognises that education providers design and carry out work integrated learning in a variety of ways. The Accreditation Committee requires education providers to present documentary and experiential evidence that shows how their arrangements meet the accreditation standard.

#### *Achievement of pre-clinical capabilities prior to work integrated learning*

To enable students in the program to practise safely, the Accreditation Committee expects students to achieve the pre-clinical capabilities that are relevant to their subsequent period of work integrated learning, prior to providing patient/client care. Achievement of these pre-clinical capabilities is required to minimise risk, particularly because supervision alone cannot assure safe practice. In diagnostic radiography for example, students must be able to demonstrate that they can safely handle a fractured limb before providing care to patients/clients.

#### *Work integrated learning supervisors*

Work integrated learning conducted in Australia, or overseas, must be supervised by supervisors who hold registration with the National Board, in the relevant division. The education provider is responsible for implementing and monitoring the quality of overseas work integrated learning.

## Relevant accreditation and licensing

The Accreditation Committee expects education providers to implement mechanisms that ensure each health service or facility that provides work integrated learning experiences for students in the program is:

1. accredited by the one of the nine accreditation agencies that accredit to the National Safety and Quality Health Service (NSQHS) Standards
2. compliant with radiation licensing requirements, and
3. compliant with any other licensing requirements such as applicable public health laws.

These mechanisms may include relevant clauses in an agreement between the education provider and the health service or facility.

Standard 1.4 and 1.5 and the 'Relevant accreditation and licensing' statement above should be added to the DOH's template Student Placement Agreement (SPA)

The department has worked with health and education stakeholders to develop a template relationship agreement for the public hospital sector to help health services and education providers to formalise obligations and arrangements for medical and nursing student clinical placements. The template RAPHs has subsequently been made available to make developing relationship agreements easier and to assist with reducing administrative burden where possible.

In response to stakeholder requests, a template Student Placement Agreement (SPA) has been developed with oversight from the Relationship Agreement Advisory Group. The SPA provides standardised terms and conditions under which students of education providers may be placed at placement providers to obtain education and training.

A copy of the SPA is available here for download: <https://www2.health.vic.gov.au/health-workforce/education-and-training/student-placement-partnerships/student-placement-agreement>

## Ethical and professional conduct

The requirements for the ethical and professional conduct of medical radiation practitioners to assure safe practice in Australia are set out in the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board, and the *Code of Conduct* for registered health practitioners published by the National Board and available at <http://www.medicalradiationpracticeboard.gov.au/Codes-Guidelines/Codes-and-Guidelines/Code-of-conduct.aspx>.

## Standard 2: Academic governance and quality assurance of the program

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
Academic governance and quality improvement strategies and formal mechanisms are effective in developing and implementing sustainable, high-quality education at a program level.	2.1	The education provider is currently registered with TEQSA.	<ul style="list-style-type: none"> <li>• Copy of written notice of decision from TEQSA on registration including whether or not TEQSA has granted self-accrediting authority</li> </ul>
	2.2	Students in the program have opportunities to input into the decision-making processes addressing program design, implementation and quality.	<ul style="list-style-type: none"> <li>• Details of student representation within the governance and curriculum management arrangements for the program</li> <li>• Official record of meetings and/or other examples that identify the inclusion of students as members from the program and highlights decisions in which student input was considered in relation to program design, implementation and quality</li> </ul>
	2.3	The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or similar entity with the responsibility, authority and capacity to develop, implement and change the program to meet the needs of the medical radiation practice profession and health workforce needs.	<ul style="list-style-type: none"> <li>• Overview of formal academic governance arrangements for the program, including a current list of members of the committee or group responsible for program design, implementation and quality, and organisational chart of governance for the program</li> <li>• Examples of implementation of formal mechanisms relating to academic governance for the program</li> <li>• A description of the methods used to monitor and review the design, implementation and quality of the program</li> <li>• An explanation and at least one example of how monitoring and review contributes to improvement in the implementation and quality of the program</li> <li>• A schedule for monitoring, review and evaluation of the design, implementation and quality of the program</li> <li>• Records of the three previous meetings of the key committee/group that has responsibility for design, implementation and quality of the program</li> </ul>

			<ul style="list-style-type: none"> <li>• A record of the most recent internal course review of the program</li> </ul>
	2.4	Formal mechanisms exist for quality improvement of the program, using student feedback and other evaluations, internal and external academic and professional peer review to evaluate and improve the design, implementation and quality of the program.	<ul style="list-style-type: none"> <li>• Details of outcomes and actions from external or internal reviews of the program in the past five years</li> <li>• A summary of actions to improve design implementation and quality of the program in response to student or staff feedback</li> <li>• Examples of implementation of formal mechanisms relating to quality improvement of the program</li> </ul>
	2.5	There is external stakeholder input to the design, implementation and quality of the program, including from representatives of the medical radiation practice profession, other health professions, prospective employers, health consumers and graduates of the program.	<ul style="list-style-type: none"> <li>• Examples of effective engagement with external stakeholders (including representatives of Aboriginal and/or Torres Strait Islander communities and of other relevant health professions) regarding program design and implementation</li> <li>• A list of all external stakeholders that have had input to design, implementation and quality improvement of the program</li> <li>• Terms of reference of a current stakeholder group responsible for oversight of the implementation of the program, including the list of stakeholders who are represented on the group and the list of names, qualifications and position of current members of the group</li> <li>• The current stakeholder groups' meeting calendar for the current year</li> <li>• Examples of reports from employer and/or graduate surveys/reviews and explanation of outcomes/actions taken in response to reports</li> <li>• Records of other stakeholder consultation or engagement activities showing participation, decisions made and implemented</li> </ul>
	2.6	Formal mechanisms are implemented to anticipate and respond to contemporary developments in medical radiation	<ul style="list-style-type: none"> <li>• Examples of implementation of the formal mechanisms used to respond within the curriculum of the program</li> </ul>

		practice and education of health practitioners within the curriculum of the program.	<ul style="list-style-type: none"> <li>• Examples of implementation of the formal mechanisms</li> </ul>
	2.7	There are formal mechanisms that ensure the ongoing quality assurance of work integrated learning instruction and supervision in the program, including evaluation of student feedback.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal quality assurance mechanisms in the program</li> <li>• Examples of evaluation of student feedback about their experience whilst engaged in work integrated learning and their feedback on the work integrated learning supervisors</li> <li>• Examples of responses to quality assurance findings</li> </ul>
	2.8	Staff and students work and learn in a physically and culturally safe environment.	<ul style="list-style-type: none"> <li>• Examples of implementation of safety audits of all staff and student work and learning environments</li> <li>• Examples of resolving any identified safety issues from the audits</li> </ul>
	2.9	The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.	<ul style="list-style-type: none"> <li>• Examples of implementation of a risk management plan and formal mechanisms for the program which include assessing and mitigating program opportunities/risks</li> </ul>
	2.10	The education provider appoints academic staff at an appropriate level to manage and lead the program.	<ul style="list-style-type: none"> <li>• Staffing profile for <u>management and leadership of the program</u>, identifying: <ul style="list-style-type: none"> <li>- number of staff</li> <li>- their level of appointment</li> <li>- their management or leadership role in the program</li> <li>- the fraction (full-time, part-time) and type (ongoing, contract, casual)</li> <li>- qualifications and experience relevant to their management and leadership responsibilities</li> </ul> </li> </ul>
	2.11	The education provider actively recruits or draws upon staff with the specialist knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health.	<ul style="list-style-type: none"> <li>• Staffing profile of the program, which identifies staff Aboriginality</li> <li>• Examples of targeted recruitment of Aboriginal and/or Torres Strait Islander Staff</li> <li>• Examples of implementation of formal mechanisms for recruitment of staff including equal employment opportunity policy for employment of Aboriginal and/or Torres Strait Islander Peoples</li> </ul>

## Standard 2: Explanatory notes

This accreditation standard addresses the organisation and governance of the medical radiation practice program. The Accreditation Committee acknowledges TEQSA's role in assessing the education provider's governance as part of their registration application, but they now seek evidence on how the medical radiation practice program operates within the organisational governance.

### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected to be provided in relation to different elements for criteria 3.3, 3.7 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which they relate and aspects that are specific to the criterion should be emphasised.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that TEQSA has assessed the education provider's policy and procedure portfolio. The Accreditation Committee requires evidence of the implementation of formal mechanisms at the program level i.e. the outputs/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

The focus is on the overall context in which the program is delivered, specifically the administrative and academic organisational structure which supports the program and the degree of control that the academics managing and implementing the program, the medical radiation practice profession and other external stakeholders have over the relevance and quality of the program to produce graduates who are competent to practise.

### **Evidence of effective engagement with external stakeholders**

The Accreditation Committee expects that the education provider will regularly monitor and review the program and the effectiveness of its delivery, consulting with and considering the views of representatives of the medical radiation practice profession, students, graduates, prospective employers and other health professionals when relevant. The Accreditation Committee expects that consultation with external stakeholders will occur on a regular basis and at least once every 12-18 months.

#### *External stakeholders*

The Accreditation Committee expects that an education provider will engage with any individuals, groups or organisations who are significantly affected by and/or have considerable influence on the education provider, and its relevant programs' design and implementation. This should include, but is not limited to, health consumers; representatives of the local community and relevant Aboriginal and Torres Strait Islander communities; relevant health services and health professionals; relevant peak bodies; and industry.

### **Formal quality assurance mechanisms**

The Accreditation Committee expects that an education provider will regularly monitor and review the program and the effectiveness of its implementation, consulting with and considering the views of the profession, students, graduates, employers and other health professionals when relevant.

### **Staffing profile for staff responsible for management and leadership of the program**

A template for the staffing profile is available to education providers for completion, however use of this template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information above.

The Accreditation Committee does not assess against the *Higher Education Standards Framework 2015*, but it expects the education provider to submit clear evidence that all staff with responsibilities for management and leadership of the program to have:

- a) knowledge of contemporary developments in medical radiation practice, which is informed by current and continuing scholarship or research or advances in practice
- b) skills in contemporary teaching, learning and assessment principles relevant to medical radiation practice, their role, modes of implementation and the needs of particular student cohorts, and
- c) a qualification in a relevant discipline at least one level higher than the program, or equivalent relevant academic or professional or practice-based experience and expertise.

If information at the level of the program has been provided to and assessed by TEQSA, evidence of the outcome of TEQSA assessment is sufficient.

### Standard 3: Program design, implementation and resourcing

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
<p>Program design, implementation and resourcing enable students to achieve all the professional capabilities endorsed by the Medical Radiation Practice Board of Australia.</p>	3.1	<p>The program is accredited by TEQSA or, for education providers with self-accrediting authority, the program has been approved by the university board or committee responsible for program approval.</p>	<ul style="list-style-type: none"> <li>• If TEQSA has not granted self-accrediting authority, TEQSA's report on accreditation of the <i>program</i> and disclosure of any issues concerning the <i>program</i> that TEQSA has identified, details of any conditions imposed and subsequent dialogue with TEQSA regarding the resolution of conditions</li> <li>• If TEQSA has granted self-accrediting authority, a copy of the university program approval decision by the relevant board or committee, such as board or committee resolution in meeting minutes and disclosure of any issues concerning the <i>program</i> that the board or committee has identified, and subsequent dialogue with the board/committee regarding the resolution of issues</li> </ul>
	3.2	<p>TEQSA or the relevant university board or committee has approved the AQF level of the program at Bachelor (AQF Level 7) or higher.</p>	<ul style="list-style-type: none"> <li>• University approval/confirmation of the AQF level of the program</li> </ul>
	3.3	<p>Cultural competence is integrated within the design and implementation of the program and is clearly articulated in unit/subject learning outcomes, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.</p>	<ul style="list-style-type: none"> <li>• An explanation of how cultural competence is integrated within the design and implementation of the program</li> <li>• Details of unit/subject learning outcomes that clearly articulate cultural competence (with emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting) in the program</li> </ul>
	3.4	<p>A coherent educational philosophy informs the program design and implementation.</p>	<ul style="list-style-type: none"> <li>• A statement of overall educational philosophy/design for the program</li> </ul>
	3.5	<p>The curriculum design includes vertical and horizontal integration of theoretical concepts and practical application throughout the program including simulation and work integrated learning experiences.</p>	<ul style="list-style-type: none"> <li>• An overview of the program identifying relationships between subjects/units within and between years of the program.</li> </ul>

	3.6	Contemporary principles of interprofessional education and reflective practice are clearly addressed by the learning and teaching methods in the program.	<ul style="list-style-type: none"> <li>• Clear identification of where interprofessional education and reflective practice are taught, assessed and monitored in the program</li> </ul>
	3.7	Unit/subject learning outcomes in the program address all the professional capabilities endorsed by the Medical Radiation Practice Board of Australia.	<ul style="list-style-type: none"> <li>• Curriculum map including unit/subject learning outcomes and alignment to all the professional capabilities endorsed by the Medical Radiation Practice Board of Australia</li> <li>• Detailed unit/subject outlines for each unit/subject taught in the program</li> </ul>
	3.8	The education provider ensures work integrated learning experiences provide students in the program with regular opportunities to reflect on their observations of practice in the clinical setting.	<ul style="list-style-type: none"> <li>• Three de-identified records of student feedback which includes an opportunity for reflection on their work integrated learning experiences</li> </ul>
	3.9	<p>The education provider has an active relationship with the supervisors who provide instruction and supervision to students during work integrated learning, and formal mechanisms in place to ensure selection, training and review of those supervisors.</p> <p>This condition would be difficult for education providers to achieve without MRPBA's support as education providers have no jurisdiction over health agencies, which are independent entities.</p> <p>It is imperative to acknowledge however, appropriate selection, training and review of clinical supervisors is integral for effective student supervision during work integrated learning and student wellbeing.</p> <p>One way to achieve this aim could be for MRPBA to have introduce a separate registration category for clinical supervisors - appropriate level of qualifications is clinical teaching and supervision and continuous CPD in education and training should be a requirement for maintaining registration in this category.</p>	<ul style="list-style-type: none"> <li>• Examples of engagement between the education provider and supervisors who provide instruction and supervision to students during work integrated learning</li> <li>• Examples of implementation of formal mechanisms for selecting, training and reviewing work integrated learning supervisors</li> </ul>

	3.10	The program is responsive to, and considers, social determinants of health.	<ul style="list-style-type: none"> <li>• Clear identification of where social determinants of health are considered and addressed in the program</li> </ul>
	3.11	The quality, quantity, duration and diversity of student experience during work integrated learning in the program is sufficient to produce a graduate who has demonstrated the knowledge, skills and professional attributes to practice in a competent and ethical manner across a broad range of medical radiation practice settings.	<ul style="list-style-type: none"> <li>• Explanation about how the provider monitors the quality, quantity, duration and diversity of student experience during work integrated learning</li> <li>• Three de-identified graded examples of completed student work integrated learning assessments - lowest mark, highest mark and average mark - which show students attained the professional capabilities</li> </ul>
	3.12	Legislative and regulatory requirements relevant to the medical radiation practice profession are taught and their application to practice is assessed during periods of work integrated learning in the program.	<ul style="list-style-type: none"> <li>• Clear identification of where relevant requirements are taught and assessed during work integrated learning</li> </ul>
	3.13	The education provider appoints academic staff at an appropriate level to implement the program	<ul style="list-style-type: none"> <li>• Staffing profile for staff who are responsible for <u>implementation of the program</u>, identifying: <ul style="list-style-type: none"> <li>- number of staff</li> <li>- their level of appointment</li> <li>- their role in implementation of the program</li> <li>- fraction (full-time, part-time) and type (ongoing, contract, casual)</li> <li>- qualifications and experience relevant to their responsibilities, and</li> <li>- relevant registration status</li> </ul> </li> </ul>
	3.14	The program has the level and range of human resources, facilities and equipment to sustain the quality and scope of education required for students to achieve the all the professional capabilities endorsed by the Medical Radiation Practice Board of Australia.	<ul style="list-style-type: none"> <li>• A letter from the CEO or Vice Chancellor (or delegate) confirming ongoing support for the quality of the program</li> <li>• Description of, and examples to show, the physical resources used for teaching and learning in the program</li> <li>• A list of all medical radiation equipment used for teaching and learning in the program, and a statement about other equipment used</li> </ul>
	3.15	Staff leading and managing the program have sufficient autonomy to	<ul style="list-style-type: none"> <li>• Examples of correspondence or meetings that show program staff</li> </ul>

		request the level and range of human resources, facilities and equipment within the program.	are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision makers
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### Standard 3: Explanatory notes

This accreditation standard focuses on how the program is designed and implemented to produce graduates who have demonstrated all the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board.

#### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected be provided in relation to different elements for criteria 3.3, 3.7 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which they relate and aspects that are specific to the criterion should be emphasised.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that TEQSA has assessed the education provider's policy and procedure portfolio. The Accreditation Committee requires evidence of the implementation of formal mechanisms at the program level i.e. the outputs/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

#### **Program design**

The Accreditation Committee considers that the two key goals of the medical radiation practice program leading to registration are:

- to ensure that graduates are competent to undertake medical radiation practice at the level required for general registration
- to provide the educational foundation for lifelong learning in medical radiation science.

To deliver on the educational outcomes the education provider is encouraged to present evidence in an overview about how the curriculum is structured and integrated to produce graduates who have demonstrated all the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board.

The Accreditation Committee expects the education provider to make explicit statements about the learning outcomes expected of students at each stage of the program, to provide guides for each unit/subject that clearly set out the learning outcomes of the unit/subject, and to clearly identify how the learning outcomes map to the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board.

#### **Work Integrated Learning**

The Accreditation Committee expects that students are provided with extensive and diverse work integrated learning experiences in a range of settings with a diverse range of patients/clients and clinical presentations. The Accreditation Committee considers that direct patient/client encounters throughout the program will help to ensure students achieve the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board. Education providers are expected to explain how the entire spectrum of work integrated learning experiences will ensure graduates achieve the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board.

It is expected that the education provider would have consistent two-way communication with practitioners acting as work integrated learning supervisors. The examples of engagement provided

should clearly show practitioners have an opportunity to provide feedback to the education provider on students' work integrated learning experiences.

### **Social determinants of health**

The Accreditation Committee expects that each education provider considers social determinants of health as they relate to the design, implementation and quality improvement of its program, such as the way people think about health and illness; individual behaviours and habits that influence health; and how culture interacts with environment, economy, and politics to affect health (See Glossary).

### **Learning and teaching approaches**

The Accreditation Committee encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem and evidence-based learning, computer assisted learning, simulation and other student-centred learning strategies are also encouraged. Education providers may demonstrate how these approaches are realised and incorporated into the curriculum to facilitate the achievement by students of the learning outcomes and the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board.

### **Teaching and assessment of legislative and regulatory requirements**

The Accreditation Committee expects legislative and regulatory requirements relevant to the medical radiation practice profession to be taught in the program and for their application to practice to be assessed during work integrated learning.

### **Staffing profile for staff responsible for implementation of the program**

A template for the staffing profile is available to education providers for completion, however use of this template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information above.

The Accreditation Committee does not assess against the *Higher Education Standards Framework 2015*, but it expects the education provider to submit clear evidence that all staff with teaching and supervisory roles in subjects/units in the program to have:

- a) knowledge of contemporary developments in medical radiation practice, which is informed by current and continuing scholarship or research or advances in practice
- b) skills in contemporary teaching, learning and assessment principles relevant to medical radiation practice, their role, modes of implementation and the needs of particular student cohorts, and
- c) a qualification in a relevant discipline at least one level higher than the program, or equivalent relevant academic or professional or practice-based experience and expertise.

If information at the level of the program has been provided to and assessed by TEQSA, evidence of the outcome of TEQSA assessment is sufficient.

### **Interprofessional education**

The principles of interprofessional education encompass learning about, from and with other health professions, and understanding, valuing and respecting individual discipline roles in health care (See Glossary).

### **Cultural Competence and Cultural Safety**

The Health Professions Accreditation Collaborative Forum (Forum) is currently undertaking a collaborative project to determine how programs across all health professions prepare their graduates to support Aboriginal and Torres Strait Islander Peoples to achieve their health outcomes. As this project continues to develop a strategy, further content on cultural competence and cultural safety will be incorporated into the *Accreditation Standards: Medical Radiation Practice* and the *Medical Radiation Practice Professional Capabilities*.

#### Standard 4: The student experience

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
Students in the program are provided with equitable and timely access to program information and support.	4.1	Program information is complete, accurate, clear and accessible.	<ul style="list-style-type: none"> <li>• Information provided to prospective students (prior to enrolment) and enrolled students about the program</li> <li>• Explanation about when and how prospective and enrolled students are provided with full details about practitioner registration requirements, program fees, refunds and any other costs involved in the program</li> <li>• Program information and/or links to website pages containing program information for prospective and enrolled students</li> </ul>
	4.2	The education provider identifies and provides learning support services to meet the academic learning needs of students in the program.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms related to the learning support services in the program</li> <li>• Examples of the provision of learning support services in the program</li> </ul>
	4.3	There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms on recruitment and admissions to the program by Aboriginal and/or Torres Strait Islander Peoples</li> </ul>

## Standard 4: Explanatory notes

This accreditation standard focuses on how the education provider delivers a student experience that is equitable and respectful of all students' development, wellbeing, safety and rights. The Accreditation Committee acknowledges TEQSA's role in assessing these elements as part of their registration application, but they now seek evidence on program information and academic support provided to students enrolled in the medical radiation practice program.

### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected be provided in relation to different elements for criteria 3.3, 3.7 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which they relate and aspects that are specific to the criterion should be emphasised.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that TEQSA has assessed the education provider's policy and procedure portfolio. The Accreditation Committee requires evidence of the implementation of formal mechanisms at the program level i.e. the outputs/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

### **Registration requirements**

The Accreditation Committee expects that the education provider clearly and fully informs prospective students about the National Board's practitioner registration requirements, prior to the students enrolling in the program. Students enrolled in the program should also be reminded of the requirements prior to their graduation. The Accreditation Committee expects that the information refers to the following registration standards set by the National Board:

- Continuing Professional Development Registration Standard
- Criminal History Registration Standard
- English Language Skills Registration Standard
- Professional Indemnity Insurance Arrangements Registration Standard
- Recency of Practice Registration Standard, and
- Supervised Practice Registration Standard

For more information please visit <http://www.medicalradiationpracticeboard.gov.au/Registration-Standards.aspx>

### **Student academic support services and facilities**

The Accreditation Committee does not assess against the *Higher Education Standards Framework 2015*, but it expects the education provider to submit clear evidence of implementation of adequate student academic support services is provided at the level of the program. Evidence of implementation of academic support services could include how students in the program access student academic advisers as well as more informal and readily accessible advice from individual academic staff. The Accreditation Committee will also review the formal mechanisms for feedback from and to students in the program including the strategies to assist underperforming students, the provision of effective remediation opportunities and responses to student feedback.

## Standard 5: Assessment

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
<p>All graduates of the program have demonstrated they have achieved all of the learning outcomes required of the program, including the requirements for safe and competent practice, and all the professional capabilities endorsed by the Medical Radiation Practice Board of Australia.</p>	5.1	<p>All the professional capabilities endorsed by the Medical Radiation Practice Board of Australia and unit/subject learning outcomes are mapped to assessment tasks in the program.</p>	<ul style="list-style-type: none"> <li>Assessment matrix or other consolidated and comprehensive assessment design documents to demonstrate alignment/mapping of all assessment tasks, all unit/subject learning outcomes and all professional capabilities</li> <li>Detailed unit/subject outlines for each unit/subject for the entire program, including details of the assessment tasks for the relevant unit/subject</li> <li>Three de-identified examples of student work integrated learning assessments - lowest mark, highest mark and average mark which show students attained the professional capabilities</li> </ul>
	5.2	<p>Multiple valid, reliable and informative assessment tools, modes and sampling are used throughout the program, including evaluation of student capability through direct observation of students in the clinical setting.</p>	<ul style="list-style-type: none"> <li>Implementation of the assessment strategy, in accordance with the assessment matrix</li> </ul>
	5.3	<p>Program management and unit/subject co-ordination ensure valid, reliable and informative assessment outcomes.</p>	<ul style="list-style-type: none"> <li>Examples of implementation of formal mechanisms for program management and unit/subject coordination ensure reliable and informative assessment outcomes</li> <li>Examples of assessment statistical data and how it is reviewed/used to improve implementation of assessment</li> <li>Examples of assessment moderation including the outcomes</li> <li>Examples of assessment benchmarking including the outcomes</li> </ul>
	5.4	<p>Staff who assess students in the program are suitably experienced and prepared for the role.</p>	<ul style="list-style-type: none"> <li>Staffing profile for academic staff responsible for <u>assessment of students in the program</u> identifying:               <ul style="list-style-type: none"> <li>their level of appointment</li> <li>their role in assessment of students in the program</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>- (full-time, part-time) and type (ongoing, contract, casual)</li> <li>- qualifications and/or experience relevant to their responsibilities, and</li> <li>- for health practitioners, their relevant registration status</li> </ul> <ul style="list-style-type: none"> <li>• Details of arrangements for assessment of students during work integrated learning experiences</li> </ul>
5.5	Formal mechanisms are in place to ensure the learning outcomes and assessment for all work integrated learning activities are clearly defined and known to both students and supervisors.	<ul style="list-style-type: none"> <li>• Explanation of formal mechanisms in place to ensure the learning outcomes and assessment for all work integrated learning activities are clearly defined and known to both students and supervisors</li> <li>• Information provided to students and supervisors about work integrated learning activities and assessment</li> <li>• Examples of guidance provided to work integrated learning supervisors on how to use assessment tools to enable valid and reliable assessment during periods of work integrated learning</li> </ul>

## Standard 5: Explanatory notes

This accreditation standard focuses on the assessment strategies and methods used in the program, the reliability and validity of the methods used and whether or not the assessment methods and assessment data analysed by the education provider give assurance that every student who passes the program has achieved all the *Medical Radiation Practice Professional Capabilities* endorsed by the National Board.

### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected to be provided in relation to different elements for criteria 3.3, 3.7 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which they relate and aspects that are specific to the criterion should be emphasised.

### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that TEQSA has assessed the education provider's policy and procedure portfolio. The Accreditation Committee requires evidence of the implementation of formal mechanisms at the program level i.e. the outputs/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

The Accreditation Committee expects education providers to use fit for purpose and comprehensive assessment methods and formats to assess learning outcomes, and to ensure a balance of formative and summative assessments occur throughout the program.

### **Staffing profile for staff responsible for assessment of students in the program**

A template for the staffing profile is available to education providers for completion, however use of this template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information above.

The Accreditation Committee does not assess against the *Higher Education Standards Framework 2015*, but it expects the education provider to submit clear evidence that all staff with responsibilities for assessment of students in the program have:

- a) skills in contemporary assessment principles and practice relevant to their responsibilities, and
- b) a qualification in a relevant discipline at least one level higher than the program, or equivalent relevant academic or professional or practice-based experience and expertise.

If information at the level of the program has been provided to and assessed by TEQSA, evidence of the outcome of TEQSA assessment is sufficient.

## Glossary

Accreditation Committee	Appointed by the Medical Radiation Practice Board of Australia (National Board), the Medical Radiation Practice Accreditation Committee (Accreditation Committee) is responsible for implementing and administering accreditation.
Accreditation standards	Used to assess whether a program of study, and the education provider that provides the program provide persons who complete the program with the knowledge, skills and other professional attributes and capabilities necessary to practice.
Assessment benchmarking	Benchmarking of assessment processes establishes comparability of standards of student performance across, for example, different markers, locations, units/subjects, providers and/or courses of study.
Assessment matrix	Is a technical component of assessment; it is a document that demonstrates the link between learning outcomes and assessment tasks. Note: the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers. <sup>4</sup>
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability, appropriateness, and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards.
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the medical radiation practice program against the accreditation standards.
Cultural competence	<p>A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively.</p> <p>A culturally competent system of care acknowledges and incorporates - at all levels - the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs (Cross et al. 1989: iv/7).</p>
Cultural safety	The National Scheme Aboriginal and Torres Strait Islander Health Strategy's statement of intent <sup>5</sup> defines cultural safety as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples.

<sup>4</sup> Source: Medical Deans Australia and NZ (HWA project) Developing a National Assessment Blueprint for Clinical Competencies for the medical graduate Final Report <http://www.medicaldeans.org.au/wp-content/uploads/Medical-Deans-Competencies-Project-Stage-3-Final-Report-FINAL.pdf>

<sup>5</sup> Source: AHPRA website <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx>

Current and continuing scholarship or research	<p>Involves, in the context of teaching and learning:</p> <ul style="list-style-type: none"> <li>• demonstrating current subject knowledge and an ongoing intellectual engagement in primary and allied disciplines, and their theoretical underpinnings</li> <li>• keeping abreast of the literature and new research, including by interaction with peers, and using that knowledge to inform teaching and learning</li> <li>• encouraging students to be critical, creative thinkers and enhancing understanding of teaching through interaction with students</li> <li>• engaging in professional practice that is appropriate to the discipline</li> <li>• being informed about the literature of teaching and learning in relevant disciplines and being committed to ongoing development of teaching practice, and</li> <li>• focusing on the learning outcomes of students.</li> </ul> <p>(Adapted from TEQSA Application Guide).</p>
Education provider	The term used by National Law (Australia) to describe universities; tertiary education institutions or other institutions or organisations that provide vocational training; or specialist medical colleges or health professional colleges.
Formal mechanisms	Formal mechanisms refer to activities that an education provider undertakes in a systematic way to effectively deliver the program. Formal mechanisms may or may not be supported by formal policy, but will at least have documented procedures or processes in place to support their implementation.
Impairment	The term “impairment” has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner’s capacity to practise or a student’s capacity to undertake clinical training. That is, a person’s physical or mental impairment, disability, condition or disorder is only a matter of interest to the Board (includes its delegated decision-maker) if it detrimentally affects or is likely to detrimentally affect a practitioner’s capacity to practise or a student’s capacity to undertake clinical training. <sup>6</sup>
Interprofessional Education	Interprofessional education (IPE) occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (World Health Organisation, 2010).
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning. (Adapted from: Australian Qualifications Framework, January 2013).
Professional capabilities	Threshold capabilities required to practise the medical radiation practice profession.
Program or program of study	A program of study provided by an education provider. Note the term ‘course’ is used by many education providers.

<sup>6</sup> Source: Legal Practice Notice - Practitioners And Students With Impairment LPN 12 (10 August 2012)  
<https://www.ahpra.gov.au/Publications/legal-practice-notes.aspx>

Social determinants of health	The World Health Organization (WHO) has described social determinants as “the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.” (WHO Commission on Social Determinants of Health 2008)
Unit/subject	A component of a medical radiation practice program. Note the term ‘unit’, ‘course’ or ‘topic’ is used in many programs.
Work integrated learning	An umbrella term for a range of approaches and strategies that integrate academic learning (theory) with its application to practice within a purposefully designed curriculum. The application to practice may be real or simulated and can occur in the workplace or at the education institution.
Work integrated learning supervisor/supervision	<p>A work integrated learning supervisor is an appropriately qualified and recognised professional who guides learners’ education and training during work integrated learning. The supervisor’s role may encompass educational, support and organisational functions. The supervisor is responsible for ensuring safe, appropriate and high-quality patient/client care.</p> <p>Work integrated learning supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. It involves oversight – either direct or indirect – by an appropriately qualified supervisor(s) to guide, provide feedback on, and assess personal, professional and educational development in the context of each learner’s experience of providing safe, appropriate and high-quality patient/client care. Work integrated learning supervision may be direct, indirect or remote according to the context in which the student’s learning is being supervised.</p>

## List of acronyms

AQF	Australian Qualifications Framework
DET	Department of Education and Training
HES	Higher Education Standards
HESP	Higher Education Standards Panel
TEQSA	Tertiary Education Quality and Standards Agency
Threshold HES	Higher Education Standards Framework (Threshold Standards) 2015