



Chinese Medicine  
Accreditation  
Committee

# Accreditation standards: **Chinese medicine**

2019

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# 1. Preamble

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

The Chinese Medicine Board of Australia (the Board) established the Chinese Medicine Accreditation Committee (the Accreditation Committee) under the National Law. The Accreditation Committee is responsible for developing and reviewing, and the Board is responsible for approving and publishing, the accreditation standards against which education providers and their implementation of Chinese medicine programs of study (programs) are assessed when applying for accreditation under the National Law. The Board first published approved accreditation standards for Chinese medicine programs in December 2013. The Accreditation Committee must regularly review the approved accreditation standards to ensure they are contemporary and relevant.

The Accreditation Committee accredits programs that meet, and monitors accredited programs to ensure they continue to meet, the approved accreditation standards for Chinese medicine programs. Accreditation of a Chinese medicine program provides assurance that graduating students from the program have the knowledge, skills and professional attributes needed to safely and competently practise as a Chinese medicine practitioner in Australia. The Accreditation Committee provides reports about accredited programs to the Board. The Board considers these reports when it approves programs for registration purposes.

Graduates of an accredited and approved Chinese medicine program are qualified for general registration to practise as a Chinese medicine practitioner.

A number of accredited and approved Chinese medicine programs lead to qualifications for general registration as an acupuncturist and/or a Chinese herbal medicine practitioner and a Chinese herbal dispenser. At the time of publication, there were no accredited and approved Chinese medicine programs that led to qualifications for general registration as a Chinese herbal dispenser only.

This document contains:

- A preamble relevant to the context of the Chinese medicine accreditation standards
- The Chinese medicine accreditation standards and their associated criteria
- Guidance on the evidence to be presented by education providers seeking accreditation or responding to monitoring of an accredited Chinese medicine program, including:
  - expected information for each criterion to be presented
  - explanatory notes, to help common understandings between accreditation assessment teams and education providers about the Accreditation Committee's requirements
  - a glossary of key terms used, and
  - a list of acronyms.

Assessment teams and education providers should also refer to the *Guidelines for accreditation of education and*

*training programs* for information about the accreditation processes and procedures used by the Accreditation Committee to assess and monitor programs against the accreditation standards.

## Overview of the Accreditation standards: Chinese medicine (2019)

The Accreditation standards: Chinese medicine (2019) (the accreditation standards) recognise contemporary best practice in standards development across Australia and internationally. The accreditation standards focus on the demonstration of outcomes. Where education processes are considered, the evidence required by the Accreditation Committee 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 demonstrating that student learning outcomes and assessment tasks map to all *Professional capabilities for Chinese medicine practitioners* (professional capabilities).

## Mapping learning outcomes and assessment tasks to the *Professional capabilities for Chinese medicine practitioners*

These accreditation standards refer to the professional capabilities. The accreditation standards published in 2013 included the 'Professional capabilities of Chinese medicine program graduates' as Field 6; however the revised professional capabilities for Chinese medicine have been developed as a separate document. The revised professional capabilities continue to identify the knowledge, skills and professional attributes needed to safely and competently practise as a Chinese medicine practitioner in Australia and establish the threshold level of professional capability needed for registration in Australia.

These accreditation standards require education providers to design and implement a program where unit/subject learning outcomes and assessment tasks map to all the professional capabilities. Accreditation of a program therefore provides assurance to the Board and the community that graduating students from the Chinese medicine program have the knowledge, skills and professional attributes needed to safely and competently practise as a Chinese medicine practitioner in Australia.

## The relationship between the Accreditation Committee and other regulators

The Accreditation Committee recognises the role of the Department of Education and Training (DET), the Higher Education Standards Panel (HESP)<sup>1</sup>, and Tertiary Education Quality Standards Agency (TEQSA)<sup>2</sup> in 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>. The accreditation standards in this document are limited to aspects of the education provider and program that are directly related to ensuring students have the knowledge, skills and professional attributes needed to safely and competently practise as a Chinese medicine practitioner in Australia.

## Structure of the accreditation standards

The accreditation standards comprise five standards:

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 key purpose of each standard.

Each standard statement is supported by multiple criteria. The criteria are not sub-standards; they are indicators that set out what is generally needed to meet the standard.

The Accreditation Committee considers whether the education provider and its program have met each criterion. When the Accreditation Committee determines whether the evidence presented by an education provider demonstrates that a particular standard is met, it takes a balanced view of the findings for each criterion in the context of the whole standard and its intent.

## Guidance on the presentation of evidence for accreditation assessment and its evaluation by assessment teams and the Accreditation Committee

The Accreditation Committee relies on assessment of current documentary evidence submitted by the education provider during the accreditation process and experiential evidence obtained by the assessment team through site visits and discussions with a range of:

- students
- staff at the education provider
- work-integrated learning supervisors and other staff at clinics and/or practices used for work-integrated learning, and
- graduates of the program and their employers.

Expert assessment teams established by the Accreditation Committee, evaluate the evidence the education provider presents for each criterion using the principles of fairness, validity, flexibility, transparency, sufficiency and reliability. Assessment teams report their evaluation findings to the Accreditation Committee. The Accreditation Committee considers these findings and decides whether the accreditation standards are met. The Accreditation Committee also decides whether accreditation of the program is in accordance with section 48 of the National Law. That is, 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 Chinese medicine program meets each of the accreditation standards.

<sup>1</sup> For information on the HESP, see [www.education.gov.au/higher-education-standards-panel-hesp-0](http://www.education.gov.au/higher-education-standards-panel-hesp-0). Accessed 19 February 2020.

<sup>2</sup> For information on TEQSA, see [www.teqsa.gov.au](http://www.teqsa.gov.au).

<sup>3</sup> For information on the threshold HES, see [www.legislation.gov.au/Details/F2015L01639](http://www.legislation.gov.au/Details/F2015L01639). Accessed 19 February 2020.

## Guidance on presenting explanation and expected information

The Accreditation Committee expects the education provider to explain how they meet each standard and provide the relevant expected information.

Education providers are expected to:

- make clear in their explanation, the purpose of including each piece of expected information
- highlight where the relevant information can be found in the expected information documents i.e. provide the page number and paragraph number which are relevant, and
- reference the criterion (or criteria) to which each piece of expected information relates.

Some documents listed in the expected information may be applicable across multiple standards and criteria. For example, unit/subject profiles/outlines are expected to be provided for Criteria 1.1, 3.3, 3.5, 3.6, 3.7 and 5.1, but serve different purposes for each criterion, therefore the accompanying explanation would be different for each criterion.

### Providing a staffing profile

The Accreditation Committee expects the education provider to provide a staffing profile for Criteria 2.13, 2.15, 3.12 and 5.4. The purpose of the staffing profile differs for each standard. The Accreditation Committee recognises that there may be duplication of information requested across these criteria, and therefore would accept submission of one staffing profile that covers all the relevant information across the criteria mentioned above.

A template for the staffing profile is available to education providers for completion. Use of the 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 for relevant criteria.

### Providing examples of assessments

The Accreditation Committee expects the education provider to provide examples of assessments for Criteria 1.1, 1.3 and 5.1. The examples are expected to include at least three different assessment tools or modalities. For each tool or modality, it is expected that three de-identified examples from students across the range of performance are provided. Where possible this will include an example of a satisfactory or pass, and an example of unsatisfactory or fail.

### Implementation of formal mechanisms

The Accreditation Committee recognises that it is likely that the 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 and/or outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

## Monitoring of accredited programs

After the Accreditation Committee accredits a program, it has a legal responsibility under Section 50 of the National Law, to monitor whether the program continues to meet the accreditation standards. Continued accreditation requires that the Accreditation Committee remains satisfied the program and education provider continue to meet the accreditation standards while students continue to be enrolled in the accredited program.

The education provider should keep the expected information listed in this document up to date and available during the life of the program because the Accreditation Committee expects 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 assessment of documentary evidence submitted by the education provider. If the Accreditation Committee is not reasonably satisfied the accredited program continues to meet the accreditation standards, 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 explanatory notes in this document.

Please email your comments and suggestions to the Program Accreditation Team at [program.accreditation@ahpra.gov.au](mailto:program.accreditation@ahpra.gov.au). The Accreditation Committee will review all feedback, which will inform any future refinements to this document.

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### Review of accreditation standards

The accreditation standards will be reviewed as required. This will generally occur at least every five years.

**Date of effect: 1 June 2020** (From this date, these accreditation standards replace the *Accreditation standards: Chinese medicine* published in 2013).

**Updated: March 2021** (to include the National Scheme's definition of cultural safety, and a criterion on quality use of medicines (Criterion 3.5))

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

### Standard 1: Assuring safe practice

Standard statement: Assuring safe practice is paramount in program design, implementation and monitoring.

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>1.1</b> Safe practice is identified in the learning outcomes of the program, including any work-integrated learning elements.</p>	<ul style="list-style-type: none"> <li>Program materials and unit/subject profiles/outlines that show protection of the public and safe practice, including culturally safe practice, are addressed in the curriculum.</li> <li>At least three different assessment tools or modalities which show that safe practice, including culturally safe practice, is being taught and assessed in the clinical setting. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or fail.</li> <li>Examples of implementation of formal mechanisms used to identify, report on and remedy issues impacting on safe practice in program design, implementation and monitoring.</li> </ul>
<p><b>1.2</b> Formal mechanisms exist to ensure students in the program are fit to practise safely at all times.</p>	<ul style="list-style-type: none"> <li>Examples of implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the duration of the program, and manage situations where safety issues are identified.</li> <li>Three de-identified examples of implementation of formal mechanisms used to ensure students are safe to engage in practice before work-integrated learning. This includes confidential disclosure of issues by students, vaccinations and, where mandated, completion of police checks and working with children checks.</li> </ul>
<p><b>1.3</b> Students in the program are required to achieve relevant pre-clinical capabilities before each period of work-integrated learning.</p>	<ul style="list-style-type: none"> <li>Documents showing the relevant learning outcomes to be achieved before each period of work-integrated learning in the program.</li> <li>At least three different assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible, an example of a satisfactory or pass, and an example of unsatisfactory or fail should be included.</li> </ul>
<p><b>1.4</b> Health practitioners who supervise students in the program during work-integrated learning hold current registration in Australia for the clinical elements they supervise.</p>	<ul style="list-style-type: none"> <li>Examples of implementation of formal arrangements internally and with any external clinics and/or practices (for example, an agreement) that ensure practitioners supervising students hold current registration.</li> </ul>

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>1.5</b> Clinics and/or practices used for work-integrated learning maintain relevant accreditation and licences.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms that show clinics and/or practices used for work-integrated learning maintain relevant accreditation and licences.</li> <li>• Examples that show the education provider monitors the currency of accreditation and licences.</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 used for work-integrated learning.</li> <li>• Examples of implementation of formal mechanisms used for clinical and workplace safety, including screening and reporting and control of infectious diseases.</li> </ul>
<p><b>1.6</b> The education provider requires students in the program to comply with the Chinese Medicine Board of Australia's (the Board's) guidelines relevant to safe practice, and provides mechanisms for students to familiarise themselves with any changes to relevant guidelines as they arise.</p>	<ul style="list-style-type: none"> <li>• Information provided to students that refers to the requirements for them to comply with the Board's guidelines.</li> <li>• Examples of implementation of formal mechanisms used for mandatory and voluntary notifications about students to the Australian Health Practitioner Regulation Agency (Ahpra).</li> </ul>
<p><b>1.7</b> The education provider complies with its obligations under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) and other laws.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms that show compliance with relevant legislation including restrictions on the administration of scheduled medicines by students.</li> <li>• Examples that show prospective and enrolled students are informed about any restrictions on their administration of scheduled medicines as a practitioner.</li> </ul>
<p><b>1.8</b> The education provider requires students to comply with a code of conduct consistent with the Chinese Medicine Board of Australia's (the Board's) expectations of ethical and professional conduct.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of a code of conduct that is consistent with the Board's guiding principles on ethical and professional conduct.</li> </ul>

## Standard 1: Explanatory notes

This 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 internal or external work-integrated learning environments to ensure quality and reliable outcomes for both patients/clients and students.

### Safe practice

There are many dimensions to safe practice such as knowing about the policy context; best practice guidance; knowing how to manage risk effectively; managing personal, physical and mental health; practicing cultural safety; practicing safety in the use of medicines; and the responsibilities as a student and as a registered practitioner. The Accreditation Committee expects the education provider to assure safe practice in the program by implementing formal mechanisms relating to work-integrated learning environments and to teach students in the program about the different aspects of safe practice, including but not limited to, cultural safety, workplace health and safety (including how to respond to occupational violence), manual handling, mental health of patients and Chinese medicine practitioners, and infection prevention and control.

### Culturally safe practice

While there are many professional capabilities necessary to be a competent Chinese medicine practitioner, in Australia's multicultural society, cultural competence and cultural safety are particularly important.

### Cultural competence

Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among 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.

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.<sup>4</sup>

The Accreditation Committee acknowledges cultural competence and cultural safety are particularly important

in Australia's multicultural society and is not limited only to Aboriginal and/or Torres Strait Islander Peoples. A culturally safe environment should be afforded to all people in the Australian healthcare context.

Chinese medicine practitioners in Australia must be able to work effectively with people from various cultures, that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture. A holistic, patient and family-centred approach to practice requires cultural competence.

All health practitioners in Australia, including Chinese medicine practitioners, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

### Cultural safety

It is critically important that the teaching of education programs is culturally safe and that education providers teach culturally safe practice.

The Board is part of the National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group). The Aboriginal and Torres Strait Islander Health Strategy Group developed the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* (the Strategy) as a step towards making cultural safety the norm for Aboriginal and Torres Strait Islander Peoples and eliminating racism from the health system, of which accreditation standards play a role. The Statement highlights the Health Strategy Group's intent to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to close the gap by 2031. Their vision is that patient safety for Aboriginal and Torres Strait Islander Peoples is the norm.

The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

<sup>4</sup> Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

## Definition<sup>5</sup>

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

- Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues

## 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 expects the education provider to present documentary and experiential evidence that shows how their arrangements meet the accreditation standard.

## Achievement of pre-clinical capabilities before 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, before providing patient/client care. Achievement of these pre-clinical capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice.

All students in the program must have an appropriate level of English language skills to communicate effectively with patients/clients, work-integrated learning supervisors, and other staff in the work-integrated learning setting. Additionally, in acupuncture for example, students must be

able to show they can perform needling techniques safely before providing acupuncture to patients/clients.

## Work-integrated learning supervisors

Work-integrated learning conducted in Australia must be supervised by practitioners who hold current registration with the National Board, in the relevant division of the Chinese medicine practitioner register. For programs that lead to qualifications for general registration in more than one division, work-integrated learning supervisors are expected to hold current registration in the division related to the clinical elements that they supervise.

The education provider is responsible for implementing and monitoring the quality of overseas work-integrated learning. The Accreditation Committee acknowledges that overseas work-integrated learning supervisors may not hold registration with the National Board. It is expected that they are suitably experienced and qualified and that the Australian standards of practice are recognised and upheld, including effective communication.

## Relevant accreditation and licensing

The Accreditation Committee expects the education provider to implement formal mechanisms that ensure each clinic and/or practice in Australia used for work-integrated learning in the program:

- complies with all relevant licensing requirements, such as applicable public health laws for acupuncture practice, and
- where relevant, is accredited by one of the nine approved accreditation agencies<sup>6</sup> that accredit to the *National Safety and Quality Health Service (NSQHS) Standards*.

These mechanisms may include relevant clauses in an agreement between the education provider and the clinic and/or practice. The Accreditation Committee expects agreements with clinics and/or practices outside Australia to include clauses to cover relevant accreditation and licensing in that country.

## Ethical and professional conduct

The requirements for the ethical and professional conduct of Chinese medicine practitioners to assure safe practice in Australia are set out in the *Professional capabilities for Chinese medicine practitioners*, and in the *Code of conduct*<sup>7</sup> for registered health practitioners, published by the Board.

<sup>5</sup> This definition for cultural safety is for the context of healthcare in Australia and when practitioners are providing care to Aboriginal and Torres Strait Islander peoples – the statements under cultural competence acknowledge that there are a variety of cultures in Australia, and practitioners must be able to competently and safely practice with those populations. Culturally safe practice and cultural safety are not limited to only one group.

<sup>6</sup> 'Assessment & Accreditation', see <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/assessment-nsqhs-standards/approved-accrediting-agencies-contact-details>. Accessed 19 February 2020.

<sup>7</sup> Chinese Medicine Board of Australia *Code of conduct*, 2014, see [www.chinesemedicineboard.gov.au/Codes-Guidelines/Code-of-conduct](http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Code-of-conduct). Accessed 19 February 2020.

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

Standard statement: Academic governance and quality improvement arrangements are effective in developing and implementing sustainable, high-quality education at a program level.

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>2.1</b> The education provider is currently registered with the Tertiary Education Quality Standards Agency (TEQSA).</p>	<ul style="list-style-type: none"> <li>• Copy of written notice of decision from TEQSA on registration, including whether TEQSA has granted self-accrediting authority.</li> </ul>
<p><b>2.2</b> The program is accredited by the Tertiary Education Quality Standards Agency (TEQSA) or, for education providers with self-accrediting authority; the program has been approved by the education provider's relevant board or committee responsible for program approval.</p>	<ul style="list-style-type: none"> <li>• If TEQSA has not granted self-accrediting authority:               <ul style="list-style-type: none"> <li>– TEQSA's report on accreditation of the program</li> <li>– disclosure of any issues concerning the program that TEQSA has identified and details of any conditions imposed, and</li> <li>– subsequent dialogue with TEQSA about addressing the conditions.</li> </ul> </li> <li>• If TEQSA has granted self-accrediting authority:               <ul style="list-style-type: none"> <li>– copy of the program approval decision made by the education provider's relevant board or committee, such as a record of resolution in meeting minutes</li> <li>– disclosure of any issues concerning the program that the board or committee has identified, and</li> <li>– subsequent dialogue with the board or committee about addressing the issues.</li> </ul> </li> </ul>
<p><b>2.3</b> The Tertiary Education Quality Standards Agency (TEQSA), or the relevant education provider board or committee has approved the Australian Qualifications Framework (AQF) level of the program at bachelor (AQF Level 7) or higher.</p>	<ul style="list-style-type: none"> <li>• TEQSA or the education provider's relevant board or committee approval of the AQF level of the program.</li> </ul>
<p><b>2.4</b> Students, lecturers and work-integrated learning supervisors in the program have opportunities to contribute to the information that informs decision-making about program design, implementation and quality.</p>	<ul style="list-style-type: none"> <li>• Details of any student, lecturer, and work-integrated learning supervisor representation in the governance and curriculum management arrangements for the program.</li> <li>• Examples that show consideration of information contributed by students, lecturers, and work-integrated learning supervisors when decisions about program design, implementation and quality are being made.</li> <li>• Examples of the use of student, lecturer and work-integrated learning supervisor satisfaction data or other feedback to improve the program.</li> </ul>

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>2.5</b> The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the Chinese medicine profession and the health workforce.</p>	<ul style="list-style-type: none"> <li>• Overview of formal academic governance arrangements for the program, including an organisational chart of governance for the program.</li> <li>• Current list of members of the committee or group responsible for program design, implementation and quality.</li> <li>• Examples of implementation of formal mechanisms relating to academic governance for the program.</li> <li>• Explanation of how monitoring and review contributes to improvement in the design, implementation and quality of the program.</li> <li>• Examples of implementation of formal mechanisms used to monitor and review the design, implementation and quality of the program.</li> <li>• 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 or group that has responsibility for design, implementation and quality of the program.</li> <li>• Record of the most recent internal course review of the program.</li> </ul>
<p><b>2.6</b> Formal mechanisms exist to evaluate and improve the design, implementation and quality of the program, including student feedback, internal and external academic and professional peer review, and other evaluations.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms used to evaluate and improve the design, implementation and quality of the program.</li> <li>• Details of outcomes and actions from internal or external reviews of the program in the past five years.</li> <li>• Summary of actions to improve the design, implementation and quality of the program in response to student or staff feedback.</li> </ul>
<p><b>2.7</b> Formal mechanisms exist to validate and evaluate improvements in the design, implementation and quality of the program.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms used to validate and evaluate improvements in the design, implementation and quality of the program.</li> </ul>
<p><b>2.8</b> There is external stakeholder input to the design, implementation and quality of the program, including from representatives of the Chinese medicine profession, other health professions, prospective employers, health consumers and graduates of the program.</p>	<ul style="list-style-type: none"> <li>• Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and/or Torres Strait Islander communities and other relevant health professions) about program design and implementation.</li> <li>• List of all external stakeholders that have had input into the design, implementation and quality improvement of the program.</li> <li>• Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the program, including the list of representatives on the group and their current positions.</li> <li>• The current stakeholder group's meeting calendar for the current year.</li> <li>• Examples of reports from employer and/or graduate surveys and/or reviews and an explanation of the outcomes and actions taken in response to the reports.</li> <li>• Records of other stakeholder engagement activities showing participation, decisions made and implemented.</li> </ul>
<p><b>2.9</b> Formal mechanisms exist to anticipate and respond to contemporary developments in Chinese medicine and the education of health practitioners, within the curriculum of the program.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms used to anticipate and respond to contemporary developments in Chinese medicine and the education of health practitioners within the curriculum of the program.</li> </ul>

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>2.10</b> Formal mechanisms exist to ensure regular monitoring of the suitability of supervisors and the ongoing quality assurance of work-integrated learning instruction and supervision in the program, including evaluation of student feedback.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms to regularly monitor the suitability of work-integrated learning supervisors.</li> <li>• Examples of implementation of formal quality assurance mechanisms in the program.</li> <li>• Examples of evaluation of student feedback about their work-integrated learning experience and their feedback on work-integrated learning supervisors.</li> <li>• Examples of responses to quality assurance findings.</li> </ul>
<p><b>2.11</b> Staff and students work and learn in a physically and culturally safe environment.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms used to ensure that the staff and student work and learning environment is physically and culturally safe.</li> <li>• Examples of resolving any issues that compromised the physical and/or cultural safety of the staff and student work and learning environment.</li> <li>• Examples of feedback from staff and students about the safety of the environment.</li> </ul>
<p><b>2.12</b> The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.</p>	<ul style="list-style-type: none"> <li>• Examples of the implementation of a risk management plan and formal mechanisms for the program which include assessing and mitigating risk, and identifying any subsequent program opportunities following a risk assessment.</li> </ul>
<p><b>2.13</b> The education provider appoints academic staff at an appropriate level to manage and lead the program.</p>	<ul style="list-style-type: none"> <li>• Staffing profile for staff responsible for management and leadership of the program, identifying: <ul style="list-style-type: none"> <li>– their academic 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) of their appointment</li> <li>– their qualifications and experience relevant to their management and leadership responsibilities, and</li> <li>– their engagement in further learning related to their role and responsibilities.</li> </ul> </li> </ul>
<p><b>2.14</b> Staff managing and leading the program have sufficient autonomy to request the level and range of human resources, facilities, equipment and financial resources in the program.</p>	<ul style="list-style-type: none"> <li>• Examples of correspondence or meetings that show staff managing and leading the program are requesting the allocation of human resources, facilities, equipment and financial resources when necessary, and the response from the decision-makers.</li> </ul>
<p><b>2.15</b> The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health.</p>	<ul style="list-style-type: none"> <li>• Examples of any targeted recruitment of Aboriginal and Torres Strait Islander staff.</li> <li>• Examples of implementation of formal mechanisms used to recruit staff, including an equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples.</li> <li>• Examples of implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health.</li> <li>• Education provider's Reconciliation Action Plan, where available.</li> </ul>

## Standard 2: Explanatory notes

This standard addresses the organisation and governance of the Chinese medicine program. The Accreditation Committee acknowledges TEQSA's role in assessing the education provider's governance as part of their registration application. The Accreditation Committee seeks evidence on how the Chinese medicine program operates within the organisational governance.

The Accreditation Committee also acknowledges that there is some similarity between these accreditation standards and the standards applied by TEQSA in its course accreditation. Education providers who offer programs that are accredited by TEQSA can therefore provide evidence of TEQSA's assessment against the course accreditation standards.

The focus of this standard is on the overall context in which the program is implemented, specifically the administrative and academic organisational structure which supports the program. This standard also focuses on identifying the degree of control that the academics who manage and implement the program, the Chinese medicine profession and other external stakeholders have over the relevance and quality of the program, to produce graduates who are safe, demonstrate culturally safe practice and competent to practise.

### Formal quality assurance mechanisms

The Accreditation Committee expects that the education provider will regularly monitor and review the program and the effectiveness of its implementation. The education provider is expected to engage with, and consider the views of, representatives of the Chinese medicine profession, students, graduates, lecturers, work-integrated learning supervisors, prospective employers and other health professionals when relevant.

The Accreditation Committee also expects that the education provider will implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.

### Evidence of effective engagement with external stakeholders

The Accreditation Committee acknowledges that there are numerous ways education providers engage with their stakeholders, for example through e-mail, video and teleconferencing, questionnaires and surveys (verbal or written), online and physical forums, and face-to-face meetings. The Accreditation Committee expects that engagement with external stakeholders will occur regularly through one or more of these mechanisms, at least once every 12 to 18 months.

### External stakeholders

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

### Reconciliation Action Plan

In recent years organisations have developed Reconciliation Action Plans (RAPs) to provide a framework for supporting the national reconciliation movement. A RAP is a strategic document that supports an organisation's business plan. It includes practical actions that will drive an organisation's contribution to reconciliation both internally and in the communities in which it operates.<sup>8</sup>

The Accreditation Committee acknowledges that developing a RAP is a new concept for many education providers and not all providers will have yet developed a RAP.

### The staff and student work and learning environment

The work environment includes any physical or virtual place staff attend to carry out their role in teaching, supervising and/or assessing students in the program. The learning environment includes any physical or virtual place students attend to learn and/or gain clinical experience in the program. Examples include offices, classrooms, lecture theatres, online learning portals, simulated environments, work-integrated learning clinics and/or practices.

All environments related to the program must be physically and culturally safe for both staff and students.

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<sup>8</sup> 'Reconciliation Action Plans', see [www.reconciliation.org.au/reconciliation-action-plans/](http://www.reconciliation.org.au/reconciliation-action-plans/). Accessed 19 February 2020.

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

A template for the staffing profile is available<sup>9</sup> for education providers to complete. 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 for Criterion 2.13.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to submit clear evidence that all staff with responsibilities for management and leadership of the program have:

- a. knowledge of contemporary developments in Chinese medicine, 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 Chinese medicine, 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's assessment is sufficient.

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<sup>9</sup> Please contact Ahpra's Program Accreditation Team at [program.accreditation@ahpra.gov.au](mailto:program.accreditation@ahpra.gov.au) to obtain the most up-to-date version of the staffing profile.

## Standard 3: Program design, implementation and resourcing

Standard statement: Program design, implementation and resourcing enable students to achieve all the professional capabilities for Chinese medicine practitioners.

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<b>3.1</b> Culturally safe practice is integrated in the design and implementation of the program and is articulated in unit/subject learning outcomes, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.	<ul style="list-style-type: none"> <li>Explanation of how culturally safe practice is integrated in the design and implementation of the program.</li> <li>Details of unit/subject learning outcomes that articulate how culturally safe practice is integrated in the program, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.</li> </ul>
<b>3.2</b> A coherent educational philosophy informs the program design and implementation.	<ul style="list-style-type: none"> <li>Statement of the overall educational philosophy which informs the program design and implementation.</li> </ul>
<b>3.3</b> Unit/subject learning outcomes in the program address all the professional capabilities for Chinese medicine practitioners.	<ul style="list-style-type: none"> <li>Curriculum map that shows alignment and mapping of unit/subject learning outcomes to all the professional capabilities.</li> <li>Detailed profiles/outlines for each unit/subject taught in the program.</li> </ul>
<b>3.4</b> The curriculum design includes vertical and horizontal integration of theoretical concepts and practical application throughout the program, including simulation and work-integrated learning experiences.	<ul style="list-style-type: none"> <li>Overview of the program identifying relationships between units/subjects in and between years of the program.</li> </ul>
<b>3.5</b> Unit/subject learning outcomes in the program address the principles of the quality use of medicines as they apply to Chinese medicine practice.	<ul style="list-style-type: none"> <li>Details of units/subjects demonstrating learning outcomes relevant to the quality use of medicines</li> <li>Detailed information demonstrating that learning in relation to the safe use of medicines takes account of cultural and social influences and determinants of health.</li> <li>Curriculum map that shows alignment and mapping of unit/subject learning outcomes to the relevant professional capabilities required for the safe and effective use of medicines in the relevant context of Chinese medicine practice.</li> </ul>
<b>3.6</b> Unit/subject learning outcomes in the program address contemporary principles of interprofessional education and reflective practice.	<ul style="list-style-type: none"> <li>Program materials and unit/subject profiles/outlines that show where interprofessional education and reflective practice are addressed, including in relation to the safe and effective use of medicines.</li> </ul>
<b>3.7</b> Unit/subject learning outcomes and assessment in the program specifically reference the relevant <i>National Safety and Quality Health Service (NSQHS) Standards</i> , including in relation to collaborative practice, team-based care and culturally safe healthcare, particularly for Aboriginal and Torres Strait Islander Peoples.	<ul style="list-style-type: none"> <li>Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant <i>NSQHS Standards</i> are specifically referenced in the program.</li> </ul>
<b>3.8</b> Unit/subject learning outcomes in the program address social and cultural determinants of health.	<ul style="list-style-type: none"> <li>Program materials and unit/subject profiles/outlines that show where social and cultural determinants of health are addressed, in particular as they relate to the care of Aboriginal and Torres Strait Islander Peoples and the individual across the lifespan.</li> </ul>

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>3.9</b> Legislative and regulatory requirements relevant to the Chinese medicine profession are taught and their application to practice is assessed, during periods of work-integrated learning in the program.</p>	<ul style="list-style-type: none"> <li>• Identification of where relevant legislative and regulatory requirements are taught and assessed during work-integrated learning.</li> </ul>
<p><b>3.10</b> 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.</p>	<ul style="list-style-type: none"> <li>• Three de-identified records of student feedback that includes an opportunity for reflection on their work-integrated learning experiences.</li> </ul>
<p><b>3.11</b> The education provider has an active relationship with the practitioners who provide instruction and supervision to students during work-integrated learning, and formal mechanisms exist for training and monitoring those supervisors.</p>	<ul style="list-style-type: none"> <li>• Examples of engagement between the education provider and practitioners who provide instruction and supervision to students during work-integrated learning.</li> <li>• Examples of implementation of formal mechanisms used for training and monitoring work-integrated learning supervisors.</li> </ul>
<p><b>3.12</b> 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 safely and competently practise Chinese medicine.</p>	<ul style="list-style-type: none"> <li>• Explanation about how the education provider monitors the quality, quantity, duration and diversity of student experience during work-integrated learning to ensure it is sufficient to produce graduates that demonstrate the knowledge, skills and professional attributes to safely and competently practise Chinese medicine.</li> <li>• Examples of implementation of formal mechanisms used for monitoring the quality, quantity, duration and diversity of student experience during work-integrated learning.</li> </ul>
<p><b>3.13</b> The education provider appoints academic staff at an appropriate level to implement the program.</p>	<ul style="list-style-type: none"> <li>• Staffing profile for staff responsible for implementation of the program, identifying: <ul style="list-style-type: none"> <li>– their academic level of appointment</li> <li>– their role in implementation of the program</li> <li>– the fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment</li> <li>– their qualifications and experience relevant to their responsibilities</li> <li>– their relevant registration status, and</li> <li>– their engagement in further learning related to their role and responsibilities.</li> </ul> </li> </ul>
<p><b>3.14</b> The program has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the professional capabilities for Chinese medicine practitioners.</p>	<ul style="list-style-type: none"> <li>• Letter from the CEO or Vice Chancellor (or delegate) confirming ongoing support for the quality and resourcing of the program.</li> <li>• Description of, and examples that show the facilities and equipment used by the education provider for teaching and learning in the program enable students to achieve culturally safe practice and all the professional capabilities.</li> </ul>

## Standard 3: Explanatory notes

This standard focuses on how the program is designed and implemented to produce graduates who have demonstrated all the professional capabilities for Chinese medicine practitioners.

### Program design

The Accreditation Committee considers that the two key goals of the Chinese medicine program leading to qualification for general registration are:

- to ensure graduates can safely, competently and independently practise Chinese medicine at the level needed for general registration, and
- to provide the educational foundation for lifelong learning in Chinese medicine.

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 professional capabilities for Chinese medicine practitioners.

The Accreditation Committee expects the education provider to make explicit statements about the learning outcomes at each stage of the program, to provide guides for each unit/subject that set out the learning outcomes of the unit/subject, and to show how the learning outcomes map to the professional capabilities for Chinese medicine practitioners.

### Cultural competence and cultural safety

At the time of publication, the Health Professions Accreditation Collaborative Forum was 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 this document.

The Accreditation Committee recognises the complex cultural differences in Aboriginal and Torres Strait Islander communities and does not intend to imply that there is one standard approach to cultural competence and cultural safety.

## Integration of culturally safe practice in the design and implementation of Chinese medicine programs

The Australian Government Department of Health's *Aboriginal and Torres Strait Islander Health Curriculum Framework* (the Framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.<sup>10</sup>

There is an expectation that relevant aspects of the Framework are incorporated into the design and implementation of Chinese medicine programs to prepare graduates to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. The Accreditation Committee acknowledges that this may be a new concept for many education providers, but it is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

### Quality use of medicines

The Accreditation Committee acknowledges that all health practitioners in Australia should understand the principles of the quality use of medicines. The standards require the education provider to ensure that students are achieving the *professional capabilities for Chinese medicine practitioners* related to the safe and effective use of medicines. The relevant context of safe and effective use of medicines in Chinese medicine means that a student is expected to understand the responsibility of the registered practitioner to recognise and work within the limits of their competence.

The Health Professions Accreditation Collaborative Forum's *Framework for the safe and effective use of medicines* affords education providers with guidance on possible learning outcomes for students regarding the safe and effective use of medicines.<sup>11</sup>

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<sup>10</sup> 'Aboriginal and Torres Strait Islander Health Curriculum Framework', see [www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework](http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework). Accessed 19 February 2020.

<sup>11</sup> Health Professions Accreditation Collaboration Forum, Framework for accreditation requirements for the safe and effective use of medicines, unpublished, p6.

The principles underpinning the Quality Use of Medicines are one of the central objectives of Australia's National Medicines Policy and are applied when prescribing medicines.<sup>12</sup> Quality use of medicines means:

- Selecting management options wisely by:
  - considering the place of medicines in treating illness and maintaining health, and
  - recognising that there may be better ways than medicine to manage many disorders.
- Choosing suitable medicines if a medicine is considered necessary so that the best available option is selected by taking into account:
  - the individual
  - the clinical condition
  - risks and benefits
  - dosage and length of treatment
  - any co-existing conditions
  - other therapies
  - monitoring considerations
  - costs for the individual, the community and the health system as a whole.
- Using medicines safely and effectively to get the best possible results by:
  - monitoring outcomes,
  - minimising misuse, over-use and under-use, and
  - improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications.

## 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 student achievement of the learning outcomes and the professional capabilities for Chinese medicine practitioners.

## 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 healthcare.

## Social and cultural determinants of health

The Accreditation Committee expects the 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. Cultural determinants of health are also expected to be considered, such as Aboriginal and Torres Strait Islander Peoples

- connection to family and community, land and sea, culture and identity,<sup>13</sup> and
- health and wellbeing across their lifespan, including frailty, disability, palliative care and patient-centred care.

## Teaching and assessment of legislative and regulatory requirements

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

## Work-integrated learning

The Accreditation Committee expects that students are provided with extensive and diverse work-integrated learning experiences with a range of patients/clients and clinical presentations. Students are expected to be exposed to patients/clients ranging in age, gender, cultural background etc. and with different clinical presentations, such as musculo-skeletal issues, internal disorders, gynaecological disorders etc.

The Accreditation Committee considers that direct patient/client encounters throughout the program will help to ensure students achieve the professional capabilities for Chinese medicine practitioners. Education providers are expected to explain how the entire spectrum of work-integrated learning experiences will ensure graduates achieve the professional capabilities.

The Accreditation Committee expects the education provider to have consistent two-way communication with practitioners acting as work-integrated learning supervisors. The examples of engagement provided by the education provider should show that work-integrated learning supervisors have an opportunity to provide feedback to the education provider on students' work-integrated learning experiences.

<sup>12</sup> Department of Health *National Strategy for Quality Use of Medicines* 2002 available from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/\\$File/National-Strategy-for-Quality-Use-of-Medicines.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/$File/National-Strategy-for-Quality-Use-of-Medicines.pdf) Accessed on 3 March 2020.

<sup>13</sup> Social and Cultural Determinants of Indigenous Health. Implementation Plan Advisory Group Consultations 2017 Discussion Paper, see [www.consultations.health.gov.au/indigenous-health/determinants/](http://www.consultations.health.gov.au/indigenous-health/determinants/). Accessed 19 February 2020.

## Work-integrated learning clinics and/or practices

The Accreditation Committee expects that the education provider has access to at least one clinic and/or practice, the size of which depends on the number of students. The clinic and/or practice is expected to have a sufficient number of well-equipped consulting rooms to provide adequate work-integrated learning experience for students in the direct care of patients/clients. External clinics and/or practices, including those used in overseas student placements, that are used to provide work-integrated learning experiences are also expected to be well-equipped.

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

A template for the staffing profile is available<sup>14</sup> to education providers for completion. 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 for Criterion 3.12.

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

- a. knowledge of contemporary developments in Chinese medicine, 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 Chinese medicine, 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 assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

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<sup>14</sup> Please contact Ahpra's Program Accreditation Team at [program.accreditation@ahpra.gov.au](mailto:program.accreditation@ahpra.gov.au) to obtain the most up-to-date version of the staffing profile.

## Standard 4: The student experience

Standard statement: Students in the program have equitable and timely access to program information and learning support.

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>4.1</b> Program information is complete, accurate, clear, accessible and up-to-date.</p>	<ul style="list-style-type: none"> <li>Information provided to prospective students (before 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 handbooks and/or links to website pages containing program information for prospective and enrolled students.</li> </ul>
<p><b>4.2</b> The education provider ensures cultural safety for students at all times.</p>	<ul style="list-style-type: none"> <li>Examples of implementation of formal mechanisms used to ensure cultural safety.</li> </ul>
<p><b>4.3</b> The education provider identifies and provides support services, including cultural support services, to meet the learning needs of students in the program.</p>	<ul style="list-style-type: none"> <li>Examples of implementation of support services to meet the learning needs of students in the program.</li> </ul>
<p><b>4.4</b> There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples.</p>	<ul style="list-style-type: none"> <li>Examples of implementation of formal mechanisms for recruitment and admission to the program by Aboriginal and Torres Strait Islander Peoples.</li> </ul>

## Standard 4: Explanatory notes

This standard focuses on how the education provider ensures students have equitable and timely access to program information and cultural and learning support, and delivers a student experience that is culturally safe.

The Accreditation Committee acknowledges TEQSA's role in assessing student access to program information and learning support as part of their registration application. If information relevant to this standard has been provided to and assessed by TEQSA, the education provider can include evidence of the outcome of TEQSA's assessment.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to submit evidence of implementation at the level of the program, of any formal mechanisms used to ensure student access to program information and learning support.

### Registration requirements

The Accreditation Committee expects that the education provider clearly and fully informs prospective students about the Board's practitioner registration requirements before the students enrol in the program. Students enrolled in the program should also be reminded of the requirements.

The Accreditation Committee expects that the information refers to the following registration standards<sup>15</sup> set by the Board:

- Continuing professional development registration standard
- Criminal history registration standard
- English language skills registration standard
- Professional indemnity insurance arrangements registration standard, and
- Recency of practice registration standard.

### Student support services and facilities to meet learning, social and cultural needs

The Accreditation Committee expects that evidence of implementation of adequate student learning support services is provided at the level of the program. Evidence of implementation of support services to meet the learning, social and cultural needs of students could include how students in the program access student academic advisers as well as more informal and readily accessible advice from individual academic staff.

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<sup>15</sup> Chinese Medicine Board of Australia *Registration Standards*, see [www.chinesemedicineboard.gov.au/Registration-Standards](http://www.chinesemedicineboard.gov.au/Registration-Standards). Accessed 19 February 2020.

## Standard 5: Assessment

Standard statement: All graduates of the program have demonstrated achievement of the learning outcomes taught and assessed during the program.

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>5.1</b> All the professional capabilities for Chinese medicine practitioners 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 and mapping of all assessment tasks, all unit/subject learning outcomes and all professional capabilities.</li> <li>• Detailed unit/subject profiles/outlines for each unit/subject for the entire program, including details of the assessment tasks for the relevant unit/subject.</li> <li>• At least three different assessment tools or modalities used during work-integrated learning that show how students attain the professional capabilities. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible, include an example of a satisfactory or pass, and an example of unsatisfactory or fail.</li> </ul>
<p><b>5.2</b> Multiple valid and reliable 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>• Details of the assessment strategy for each year of the program, identifying assessment tools, modes and sampling.</li> <li>• Examples of implementation of formal mechanisms used to evaluate student capability in the clinical setting.</li> </ul>
<p><b>5.3</b> Formal mechanisms exist, including program management, unit/subject co-ordination and quality assurance processes that ensure assessment of learning outcomes for determining student competence reflects the principles of assessment.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms used to ensure assessment of learning outcomes for determining student competence reflects the principles of assessment.</li> <li>• Examples of assessment statistical data and how it is reviewed and used to improve implementation of assessment.</li> <li>• Examples of assessment moderation and validation, including the outcomes.</li> <li>• Examples of assessment benchmarking including the outcomes.</li> </ul>
<p><b>5.4</b> Staff who assess students in the program are suitably experienced, prepared for the role, and hold appropriate qualifications where relevant.</p>	<ul style="list-style-type: none"> <li>• Staffing profile for academic staff responsible for assessment of students in the program, identifying:               <ul style="list-style-type: none"> <li>– their academic level of appointment</li> <li>– their role in assessment of students in the program</li> <li>– the fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment</li> <li>– their qualifications and/or experience relevant to their responsibilities</li> <li>– for health practitioners, their relevant registration status, and</li> <li>– their engagement in further learning related to their role and responsibilities.</li> </ul> </li> <li>• Details of arrangements to monitor staff who assess students during work-integrated learning.</li> </ul>

Criteria	Expected information for inclusion with accreditation application/ monitoring response
<p><b>5.5</b> Formal mechanisms exist to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work-integrated learning activities are 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 enhance the validity and reliability of their assessments.</li> </ul>

## Standard 5: Explanatory notes

This standard focuses on assessment, including quality assurance processes and the staff responsible for assessing students in the program. The Accreditation Committee expects the education provider to ultimately show how they assure every student who passes the program has achieved all the professional capabilities, including capabilities for culturally safe practice, for Chinese medicine practitioners.

The Accreditation Committee expects the education provider 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 throughout the program.

### Use of valid and reliable assessment tools, modes and sampling in the program

The Accreditation Committee expects the education provider to implement an assessment strategy that incorporates the use of valid and reliable assessment tools, modes and sampling. It is also expected that when the education provider designs and implements supplementary and alternative assessments in the program that these contain different material to the original assessment.

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

A template for the staffing profile is available<sup>16</sup> to education providers for completion. 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 for Criterion 5.4.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to submit clear evidence that all staff with responsibilities for assessment of students in the program have:

- skills in contemporary assessment principles and practice relevant to their responsibilities, and
- 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 assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

<sup>16</sup> Please contact Ahpra's Program Accreditation Team at [program.accreditation@ahpra.gov.au](mailto:program.accreditation@ahpra.gov.au) to obtain the most up-to-date version of the staffing profile.

# Glossary

<b>Accreditation standards</b>	Used to assess whether a program of study, and the education provider that provides the program provide people who complete the program with the knowledge, skills and other professional attributes needed to safely and competently practise as a Chinese medicine practitioner in Australia.
<b>Acupuncturist</b>	A person registered by the Chinese Medicine Board of Australia in the acupuncturist division of Chinese medicine practitioner registration.  Acupuncturists provide the full range of acupuncture-related intervention methods (such as acupuncture, moxibustion, cupping, tuina, ear acupuncture and plum-blossom needle) to members of the public who consult them for such a service. This includes the differential diagnosis of the patient's/client's condition and the design and implementation of treatment specific to the patient's/client's condition.
<b>Assessment benchmarking</b>	A structured, collaborative, learning process for comparing practices, processes or performance outcomes. Its purpose is to identify comparative strengths and weaknesses, as a basis for developing improvements in academic quality. Benchmarking can also be defined as a quality process used to evaluate performance by comparing institutional practices to sector good practice. <sup>17</sup>
<b>Assessment matrix</b>	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>18</sup>
<b>Assessment moderation</b>	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.  Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study. <sup>19</sup>
<b>Assessment team</b>	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the Chinese medicine program against the accreditation standards.
<b>Assessment validation</b>	Validation is a quality review process that confirms the assessment system can produce outcomes that consistently confirm a student holds the necessary knowledge and skills described in the learning outcomes. <sup>20</sup>
<b>Chinese herbal dispenser</b>	A person registered by the Chinese Medicine Board of Australia in the Chinese herbal dispenser division of Chinese medicine practitioner registration.  Chinese herbal dispensers operate in dispensary clinics or shops and dispense herbal medicines according to prescriptions from Chinese herbal medicine practitioners.

<sup>17</sup> 'TEQSA Guidance Note: Benchmarking', see <https://www.teqsa.gov.au/latest-news/publications/guidance-note-external-referencing-including-benchmarking>. Accessed 19 February 2020.

<sup>18</sup> Medical Deans Australia and NZ (HWA project), *Developing a national assessment blueprint for clinical competencies for the medical graduate (competencies project stage 3) final report*, see <https://medicaldeans.org.au/resources/reports/>. Accessed 19 February 2020.

<sup>19</sup> Adapted from TEQSA glossary of terms, see [www.teqsa.gov.au/glossary-terms](http://www.teqsa.gov.au/glossary-terms). Accessed 19 February 2020.

<sup>20</sup> Adapted from Fact sheet – Conducting validation, see [www.asqa.gov.au/news-publications/publications/fact-sheets/conducting-validation](http://www.asqa.gov.au/news-publications/publications/fact-sheets/conducting-validation). Accessed 19 February 2020.

<p><b>Chinese herbal medicine practitioner</b></p>	<p>A person registered by the Chinese Medicine Board of Australia in the Chinese herbal medicine practitioner division of Chinese medicine practitioner registration.</p> <p>Chinese herbal medicine practitioners provide the full range of administration methods and routes in Chinese herbal medicine to members of the public who consult them for such a service. This includes diagnosing the patient's/client's condition, designing and prescribing herbal formulae specific to each patient's/client's condition and/or prescribing manufactured herbal medicines.</p> <p>Registered Chinese herbal medicine practitioners can dispense Chinese herbal medicines to their own patients/clients as part of normal practice, and can supply or sell Therapeutic Goods Administration (TGA)-listed products to patients/clients. They do not need to be separately registered as a Chinese herbal dispenser in these circumstances.</p>
<p><b>Chinese Medicine Accreditation Committee</b></p>	<p>The committee appointed by the Chinese Medicine Board of Australia responsible for implementing and administering accreditation.</p>
<p><b>Cultural competence</b></p>	<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.</p> <p>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.<sup>21</sup></p>
<p><b>Cultural determinants of health</b></p>	<p>Cultural determinants originate from and promote a strength based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety.</p> <p>Consistent with the thematic approach to the Articles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)<sup>22</sup>, cultural determinants include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Self-determination</li> <li>• Freedom from discrimination</li> <li>• Individual and collective rights</li> <li>• Freedom from assimilation and destruction of culture</li> <li>• Protection from removal/relocation</li> <li>• Connection to, custodianship, and utilisation of country and traditional lands</li> <li>• Reclamation, revitalisation, preservation and promotion of language and cultural practices</li> <li>• Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property, and</li> <li>• Understanding of lore, law and traditional roles and responsibilities.<sup>23</sup></li> </ul> <p>Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.<sup>24</sup></p>

<sup>21</sup> Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

<sup>22</sup> United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), see [www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html](http://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html). Accessed 19 February 2020.

<sup>23</sup> Prof. Ngjare Brown (undated), cited in The Lowitja Institute – Cultural Determinants Roundtable, Melbourne 26th November 2014, Background Paper, see [www.lowitja.org.au/page/research/research-roundtable/cultural-determinants](http://www.lowitja.org.au/page/research/research-roundtable/cultural-determinants). Accessed 19 February 2010.

<sup>24</sup> Commonwealth of Australia, Department of Health (2017), *My Life My Lead – Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, see [www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-ipag-consultation](http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-ipag-consultation). Accessed 19 February 2020.

<b>Cultural safety</b>	<p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p>To ensure culturally safe and respectful practice, health practitioners must:</p> <ol style="list-style-type: none"> <li>Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;</li> <li>Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;</li> <li>Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;</li> <li>Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues</li> </ol>
<b>Cultural safety</b>	<p>The National Scheme's <i>Aboriginal and Torres Strait Islander Health Strategy's Statement of Intent</i><sup>25</sup> defines cultural safety as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal healthcare for Aboriginal and Torres Strait Islander Peoples.<sup>26</sup></p> <p>The Accreditation Committee acknowledges cultural safety is particularly important in Australia's multicultural society and is not limited only to Aboriginal and Torres Strait Islander Peoples. A culturally safe environment (see definition below) should be afforded to all people in the Australian healthcare context.</p>
<b>Culturally safe environment</b>	A safe and culturally responsive workplace environment is one that acknowledges, respects, and accommodates difference. <sup>27</sup>
<b>Current and continuing scholarship or research</b>	Current and continuing scholarship or research means those activities concerned with gaining new or improved understanding, appreciation and insights into a field of knowledge, and engaging with and keeping up to date with advances in the field. This includes advances in ways of teaching and learning in the field and advances in professional practice, as well as advances in disciplinary knowledge through original research. <sup>28</sup>
<b>Education provider</b>	The term used by the National Law (Australia) to describe universities, tertiary education institutions or other institutions or organisations that provide vocational training, specialist medical colleges and/or health professional colleges.
<b>Formal mechanisms</b>	Activities that an education provider completes 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.
<b>Frailty</b>	Frailty is conceptually defined as a clinically recognisable state in which the ability of older people to cope with everyday or acute stressors is compromised by an increased vulnerability brought by age-associated declines in physiological reserve and function across multiple organ systems. <sup>29</sup>
<b>Interprofessional education</b>	When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. <sup>30</sup>

<sup>25</sup> 'Aboriginal and Torres Strait Islander Health Strategy – Statement of Intent', see [www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent](http://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent). Accessed 19 February 2020.

<sup>26</sup> At the time of publication, the definition of cultural safety in the *Statement of Intent* was under review. This glossary will be updated if the definition changes as a result of the review.

<sup>27</sup> National Aboriginal and Torres Strait Islander Health Workforce Association: Cultural Safety Framework. [https://www.natsihwa.org.au/sites/default/files/natsihwa-cultural\\_safety-framework\\_summary.pdf](https://www.natsihwa.org.au/sites/default/files/natsihwa-cultural_safety-framework_summary.pdf) Accessed 19 February 2020.

<sup>28</sup> 'TEQSA Guidance Note: Scholarship', see [www.teqsa.gov.au/latest-news/publications/guidance-note-scholarship](http://www.teqsa.gov.au/latest-news/publications/guidance-note-scholarship). Accessed 19 February 2020.

<sup>29</sup> WHO Clinical consortium on Health Ageing, Topic Focus: frailty and intrinsic capacity, see [Report of consortium meeting](#) 1-2 December 2016 in Geneva, Switzerland, accessed 15 September 2020.

<sup>30</sup> Health Professions Network Nursing and Midwifery Office within the Department of Human Resources for Health (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva, World Health Organization (WHO), see [www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/). Accessed 19 February 2020.

<b>Learning outcomes</b>	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and is able to demonstrate as a result of learning. <sup>31</sup>
<b>Mandatory and voluntary notification about students</b>	<p>An education provider must notify Ahpra if the provider reasonably believes:</p> <ol style="list-style-type: none"> <li>a student enrolled in a program of study provided by the provider has an impairment that, in the course of the student undertaking clinical training as part of the program of study, may place the public at substantial risk of harm, or</li> <li>a student for whom the education provider has arranged clinical training has an impairment that, in the course of the student undertaking the clinical training, may place the public at substantial risk of harm.<sup>32</sup></li> </ol> <p>A voluntary notification about a student may be made to Ahpra on the grounds that:</p> <ol style="list-style-type: none"> <li>the student has been charged with an offence, or has been convicted or found guilty of an offence, that is punishable by 12 months imprisonment or more, or</li> <li>the student has, or may have, an impairment; or</li> <li>that the student has, or may have, contravened a condition of the student's registration or an undertaking given by the student to a National Board.<sup>33</sup></li> </ol> <p>NOTE: The term "impairment" has a specific meaning under the National Law in Australia. In relation to a person, it means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect:</p> <ol style="list-style-type: none"> <li>for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or</li> <li>for a student, the student's capacity to undertake clinical training— <ol style="list-style-type: none"> <li>as part of the approved program of study in which the student is enrolled; or</li> <li>arranged by an education provider.<sup>34</sup></li> </ol> </li> </ol>
<b>Medicines</b>	<p>Therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human or animal. It includes prescription, non-prescription and complementary medicines.<sup>35</sup></p> <p>In the context of Chinese medicine, the term medicines may refer to Chinese herbal medicine.</p>
<b>Principles of assessment</b>	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
<b>Professional capabilities for Chinese medicine practitioners</b>	Threshold capabilities needed to safely and competently practise as a Chinese medicine practitioner in Australia.
<b>Program of study</b>	A program of study (program) provided by an education provider. Note the term 'course' is used by many education providers.
<b>Reliable assessment/reliability</b>	The consistency of the interpretation of evidence and the consistency of assessment outcomes. <sup>36</sup>
<b>Simulation</b>	Simulation refers to the artificial representation of a real-world process to achieve educational goals through experiential learning. <sup>37</sup>
<b>Social determinants of health</b>	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. <sup>38</sup>

<sup>31</sup> Adapted from Australian Qualifications Framework, Second Edition January 2013, see [www.aqf.edu.au/](http://www.aqf.edu.au/). Accessed 19 February 2020.

<sup>32</sup> Section 143(1) of the National Law.

<sup>33</sup> Section 144(2) of the National Law.

<sup>34</sup> Section 5 of the National Law.

<sup>35</sup> Health Professions Accreditation Collaboration Forum, *Framework for accreditation requirements for the safe and effective use of medicines*, unpublished, p7.

<sup>36</sup> 'Principles of Assessment – Part 1 (Reliability)', see [www.ittacademy.net.au/principles-assessment-part-1/](http://www.ittacademy.net.au/principles-assessment-part-1/). Accessed 19 February 2020.

<sup>37</sup> Al-Elq AH (2010) 'Simulation-based medical teaching and learning'. *Journal of Family and Community Medicine*. 17(1),35-40.

<sup>38</sup> Commission on Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Geneva, World Health Organization (WHO), see [www.who.int/social\\_determinants/thecommission/finalreport/en/](http://www.who.int/social_determinants/thecommission/finalreport/en/). Accessed 19 February 2020.

<b>Unit/subject</b>	A component of a Chinese medicine program. Note, the terms 'course' or 'topic' are used in many programs.
<b>Valid assessment/validity</b>	Validity means that the assessment process assesses what it claims to assess. <sup>39</sup>
<b>Work-integrated learning</b>	An umbrella term for a range of approaches and strategies that integrate academic learning (theory) with its application to practise in a purposefully designed curriculum. The application to practice may be real or simulated and can occur in the workplace or at the education institution.
<b>Work-integrated learning supervisor/supervision</b>	<p>A work-integrated learning supervisor, also known as a clinical 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 the oversight 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.</p> <p>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

<b>Ahpra</b>	Australian Health Practitioner Regulation Agency
<b>AQF</b>	Australian Qualifications Framework
<b>DET</b>	Department of Education and Training
<b>HES</b>	Higher Education Standards
<b>HESP</b>	Higher Education Standards Panel
<b>NSQHS Standards</b>	National Safety and Quality Health Service Standards
<b>TEQSA</b>	Tertiary Education Quality and Standards Agency
<b>TGA</b>	Therapeutic Goods Administration
<b>WHS</b>	Workplace health and safety

<sup>39</sup> 'Principles of Assessment – Part 4 (Validity), see [www.ittacademy.net.au/principles-assessment-part-4-validity/](http://www.ittacademy.net.au/principles-assessment-part-4-validity/). Accessed 19 February 2020.