



Ahpra
& Accreditation
Committees

Guidelines for risk-based accreditation decision-making

June 2022

Contents

| | |
|---|-----------|
| Introduction to the Guidelines for risk-based decision making | 3 |
| 1. Purpose of the Accreditation risk framework | 3 |
| <i>Figure 1: Where a risk-based approach guides decision-making in the accreditation life cycle</i> | 4 |
| 2. Governance | 5 |
| 3. Guiding principles for implementation of the framework | 5 |
| The Accreditation risk framework | 6 |
| 4. Developing a risk profile | 6 |
| <i>Figure 2: Elements of the Accreditation risk framework</i> | 6 |
| 5. Key concepts underpinning the Accreditation risk framework | 6 |
| 6. Using the Accreditation risk framework in decision making | 6 |
| 7. Accreditation risk indicators | 7 |
| <i>Figure 3: Accreditation risk categories</i> | 7 |
| <i>Table 1: Risk indicators</i> | 9 |
| 8. Program risk profile | 10 |
| <i>Table 2: Risk assessment matrix</i> | 10 |
| 9. Regulatory responses | 11 |
| <i>Table 3: Regulatory responses</i> | 11 |
| 10. Reporting on the outcomes of the risk-based assessment | 11 |
| Glossary | 12 |

Introduction to the Guidelines for risk-based decision making

The accreditation committees for Aboriginal and Torres Strait Islander Health Practice, Chinese medicine, medical radiation practice, paramedicine and podiatry (the committees) have adopted a common approach to accreditation and monitoring of education and training programs under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

This document sets out the approach used by the committees to guide risk-based decisions about accreditation and monitoring activities. This document, along with the *Internal procedures for implementing risk-based accreditation decision-making*, forms the Accreditation risk framework (the framework). Both documents should be used in conjunction with the [Guidelines for accreditation of education and training programs](#).

1. Purpose of the Accreditation risk framework

The purpose of the Accreditation risk framework is to provide clear and consistent guidance to the committees on how any program's level of risk of not meeting the accreditation standards can be determined, and the proportionate regulatory responses the committees can take to effectively monitor and mitigate that risk.

The framework can be used by the Program Accreditation Team (PAT) and the committees to guide decisions about regulatory responses to ensure they are consistent, proportionate, and impartial. It is used flexibly and takes into consideration the context and individual circumstances of each program.

The framework may influence how a committee monitors an accredited program but will not affect the committees' assessment of any program against the accreditation standards, or their decision on accreditation of any program under the National Law.

Commitment to a risk-based approach

The risk-based approach does not change the purpose of accreditation, which assures the relevant National Board that an education provider and its program meet the accreditation standards required to graduate suitably trained and qualified health practitioners. The committees and PAT apply this approach within existing accreditation and monitoring functions. The framework supports this approach and helps them identify, mitigate and manage the risk that an accredited program will not meet the accreditation standards.

The key principles of the risk-based approach reflected in the framework are:

- Regulatory responses should only be applied where necessary to ensure accreditation standards are met and be in proportion to the identified level of risk.
- Matters that pose the highest level of risk are given the highest priority and attention.
- The level of risk is the main driver for resource allocation and the level of oversight by each accreditation authority, reducing the burden on low risk providers.

The framework aims to reduce the burden of accreditation for low-risk education providers and promote improved outcomes through a consistent and effective risk-based approach to accreditation for the committees. The burden of accreditation may be reduced by:

- less frequent accreditation events – no cyclical accreditation
- a reduction from annual to biennial routine monitoring, and
- focusing on specific areas of risk in routine monitoring.

The framework also reflects the [Regulatory Principles for the National Scheme](#), especially regulatory principle 4, in shaping the approach to regulatory decision-making in the accreditation context.

In all areas of work, Ahpra and the committees:

- identify the risks that we need to respond to
- assess the likelihood and possible consequences of the risks
- respond in ways that are culturally safe, proportionate, consistent with community expectations and manage risks so we can adequately protect the public, and
- take timely and necessary action under the National Law.

Ahpra and the committees work in partnership with the National Boards to protect the health and safety of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered; and work with stakeholders to achieve outcomes that protect the public.

The committees' accreditation and monitoring processes allow risks to be identified and reprioritised over time. As shown in figure 1, the levels of risk of a program will be re-evaluated before each decision/determination, based on data relevant to the risk indicators and responses to any monitoring at the time.

Figure 1 illustrates the life cycle of program accreditation and identifies (in blue) when the committees apply a risk-based approach to their decision making.

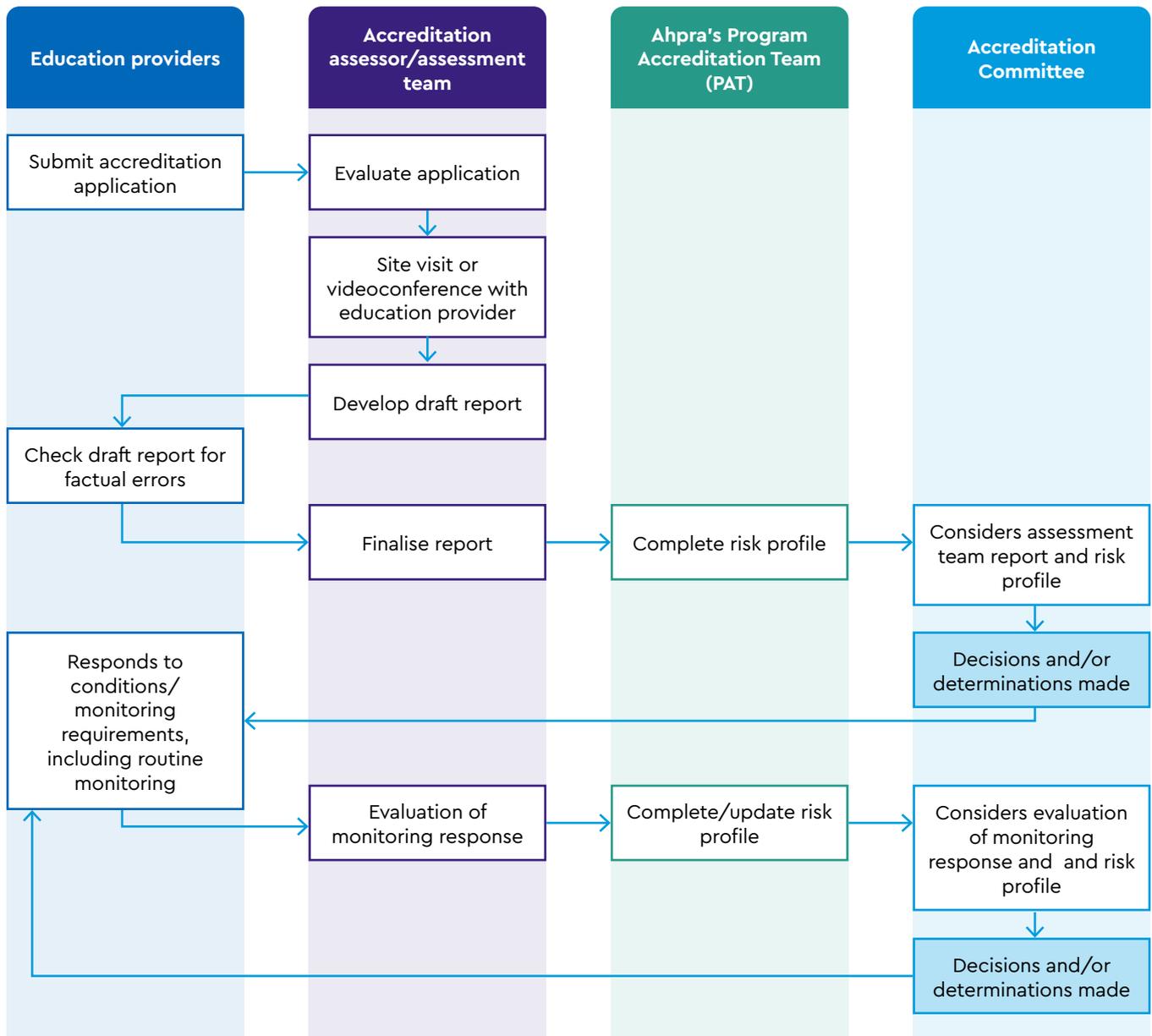


Figure 1: Where a risk-based approach guides decision-making in the accreditation life cycle

2. Governance

The committees have approved this framework.

Entities responsible for the management and implementation of this framework are:

- the relevant accreditation committee, and
- Ahpra's Program Accreditation Team.

3. Guiding principles for implementation of the framework

The accreditation risk-based approach includes six guiding principles:

1. Maintain regulatory rigour.
 - The risk-based approach for monitoring and accrediting programs will be thorough and detailed to ensure that our regulatory obligations are maintained.
 - The risk-based approach will allow for the improved early identification, management and mitigation of potential risks.
2. Be fair and equitable.
 - The risk-based approach will support impartial and quantifiable decision-making that will be applied, fairly and systematically. The processes for determining risk will be clearly and consistently communicated, giving greater clarity of the committees' expectations of education providers.
3. Consider only relevant information.
 - In determining a risk level for each program, the committees will focus on, but not limited to, information relevant to the specified risk indicators.
4. Make proportionate responses to the information given by education providers.
 - The committees will aim to reduce the regulatory burden of accreditation for education providers that are assessed to consistently meet the accreditation standards.
 - The committees may apply a range of regulatory responses, based on the level of risk and the specific circumstances of the education provider.
5. Maintain constructive stakeholder relationships.
 - The committees will work with education providers in a spirit of collaboration, valuing respective roles and shared commitment to the education and qualification of competent and ethical health practitioners.
6. Review the framework regularly.
 - The committees will monitor the implementation of the framework to strengthen their approach to risk-based accreditation. The committees will regularly review the framework and its operational processes, which may be adjusted to accommodate unforeseen elements of risk, or trends across the sector.

The Accreditation risk framework

4. Developing a risk profile

Figure 2 illustrates a central element of the framework – the risk profile. For each program Ahpra's Program Accreditation Team will develop a profile based on the risk assessment of education providers and programs against a consistent and quantifiable set of indicators.



Figure 2: Elements of the Accreditation risk framework

5. Key concepts underpinning the Accreditation risk framework

The key concepts underpinning the Accreditation risk framework are:

- data and information from a range of sources, both internal and external, is used to assess the level of risk associated with a provider or program not meeting the accreditation standards
- qualitative data and contextual information is used to support quantitative data
- alignment with the regulatory obligations and strategic direction of Ahpra and the committees, and
- development of the process in consultation with stakeholders.

6. Using the Accreditation risk framework in decision making

In completing an accreditation assessment or specific or routine monitoring of a program, a committee will consider:

- the assessment team's accreditation report or assessor's monitoring evaluation report and proposals for any monitoring of the education provider and its program(s) (in accordance with the *Guidelines for accreditation of education and training programs*)
- responses to any conditions imposed by the committee on standards that are not fully met by an accredited program
- responses to any specific monitoring requirements established by the committee for standards that are met, if there are risks that a program may not continue to meet specific aspects of any standard, and
- the program's risk profile based on the risk indicators.

7. Accreditation risk indicators

The accreditation risk indicators are categorised within five areas (accreditation risk category). This concept is illustrated in *Figure 3*.

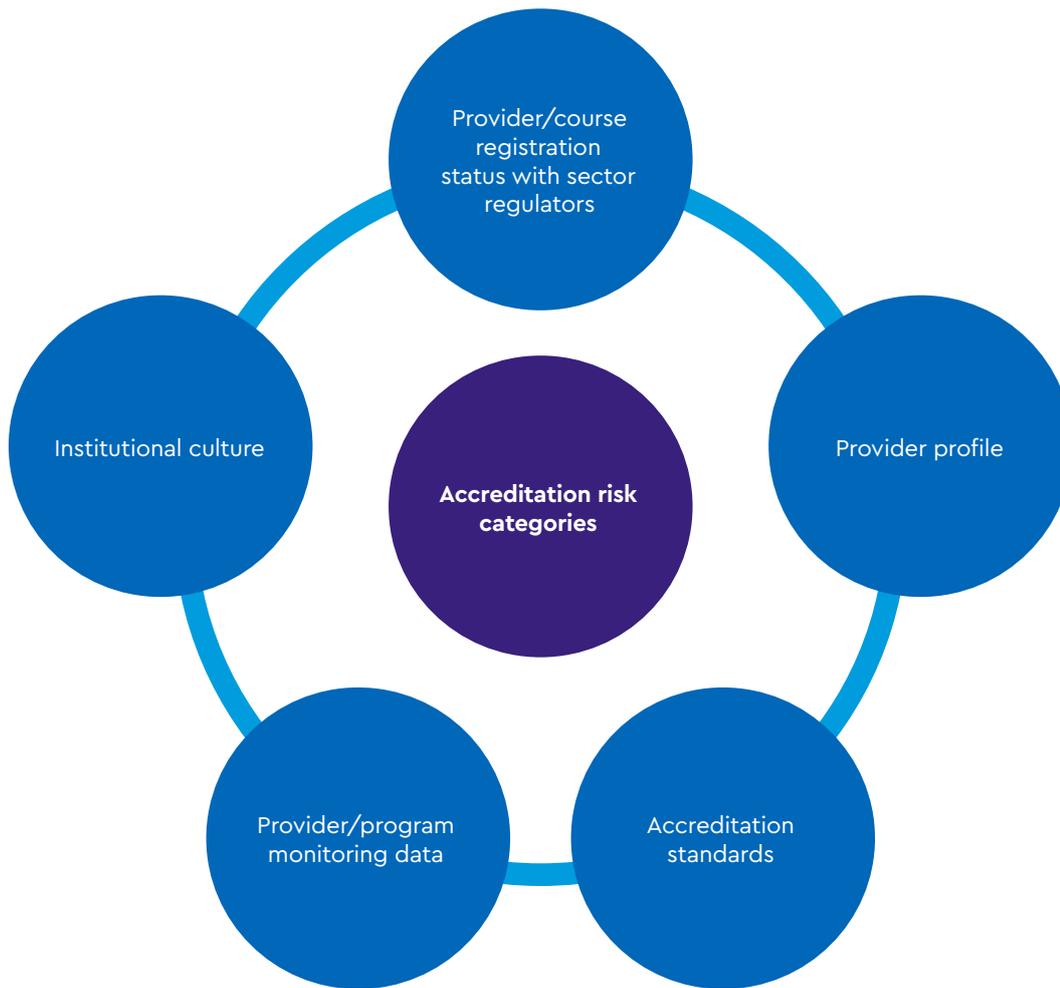


Figure 3: Accreditation risk categories

The risk indicators in each accreditation risk category are illustrated in *Table 1*. Each indicator will be rated and an aggregate of these risk ratings will inform the risk profile.

Provider/course registration status with sector regulators

- **Registration renewal date**
Tertiary Education Quality and Standards Agency (TEQSA), Australian Skills Quality Authority (ASQA) or other sector regulator registration, for the provider for self-accrediting institutions, or for the individual course.
- **Period of registration**
The duration of the current registration period with the sector regulator (usually seven years maximum).
- **Conditions imposed on registration**
Conditions imposed on the education provider or the course by TEQSA, ASQA or other sector regulators.

Provider profile

- **Period since last full accreditation**
The duration of time since the program was last accredited by Ahpra.
- **Program changes**
Changes to the program in the last year, aligned with those set out in the Routine monitoring report, including: level, award title, philosophy, emphasis or objectives of the program, increase or decrease in duration, curriculum, student clinical placements, compulsory or elective components, composition of staffing, financial resources, education provider's organisational structure, sites at which the program is offered.
- **Provider engagement with accreditation/monitoring process**
Level of collaboration by the education provider, ability to provide expected documentation within required timeframes.

Accreditation standards

- **Number of current conditions**
Number of current conditions or monitoring requirements against the accreditation standards, as determined by the Accreditation Committee.
- **Current conditions/monitoring requirements relating to:**
 - cultural safety (including social determinants of health)
 - social determinants of health
 - collaborative practice, and
 - number of current conditions or monitoring requirements specifically related to accreditation standards concerning cultural safety and collaborative practice.
- **Current conditions/monitoring requirements relating to:**
 - clinical education
 - program design
 - assessment and expected learning outcomes, and
 - management and human resources.
- **Progression towards meeting standards**
Standards are met, or on track to be met, within the required timeframes.
- **Adoption of new standards since last accreditation**
Number of iterations of standards since last full accreditation.

Provider/program monitoring data

- **Core student data (including student enrolments, student progression, attrition of student numbers, and student completion rates)**
Aligned with data collected through routine monitoring including enrolments, progression, attrition and completion rates by year.
- **Staffing profile**
Staff composition including the number of academic staff, their appointment level and qualifications.
- **Feedback**
From students and staff, including sessional and casual staff and guest speakers, through routine internal quality assurance processes. Feedback may also be received from employers or industry, profession or consumer representatives through, for example, advisory group meetings.
- **Complaints or concerns**
A complaint or concern is raised by students, staff or an entity other than the education provider, for example an accreditation committee, professional body, the National Board, or the National Health Practitioner Ombudsman. A complaint may be raised when a situation that has occurred indicates that the program may not be meeting the accreditation standards, whereas a concern may be raised when there is an expectation that a situation may occur that will adversely affect an education provider's ability to meet the accreditation standards.
- **External input to program design, delivery and implementation**
From industry, profession and consumer representatives, for example established and regular advisory group meetings.
- **External factors**
Including COVID-19 monitoring, or data from other external sources for example, Quality Indicators of Learning and Teaching (QILT) data, reports from peak or other regulatory bodies, and media reports.

Institutional culture

How an institution functions based on a shared set of core values, assumptions, beliefs and ideologies, and with individuals with a diverse range of backgrounds and expertise.

The committees will consider a range of risk indicators when determining the level of risk for institutional culture; these will include:

- feedback
- staffing profile
- complaints or concerns
- student attrition rates, and
- external factors.

The committees will take a balanced view of the findings for each indicator in the context of the institutional culture category and its intent.

Table 1: Risk indicators¹

¹ Definition of Institutional Culture: Tierney W.G., Lanford M. 'Institutional culture in higher education', In: Teixeira P and Shin J. eds (2018) *Encyclopedia of International Higher Education Systems and Institutions*. Dordrecht: Springer

8. Program risk profile

An overarching risk level for each program will be based on the ability of the education provider and the programs to provide graduating students with the competencies and professional capabilities required for safe practice as registered health practitioners (consequence). The risk level will also consider the level of confidence that the education provider will deliver a program that meets the relevant accreditation standards (likelihood). This is illustrated in *Table 2*.

The overarching risk level for each program will remain confidential to the committee and treated as protected information under the National Law, it will not be shared outside the relevant committee.

| | | Consequence | | | | |
|---|----------------|--|--------|----------|---------|--------------|
| | | Students will not be provided with the competencies and professional capabilities to allow them to register as health practitioners | | | | |
| | | Insignificant | Minor | Moderate | Major | Catastrophic |
| Likelihood Level of confidence in the education provider and program Likelihood of the education provider being unable to deliver programs that meet the accreditation standards | Almost certain | Low | Medium | High | Extreme | Extreme |
| | Likely | Low | Medium | High | High | Extreme |
| | Possible | Low | Low | Medium | High | High |
| | Unlikely | Low | Low | Low | Medium | Medium |
| | Rare | Low | Low | Low | Low | Low |

Table 2: Risk assessment matrix

9. Regulatory responses

Regulatory responses to risk for each program will be determined by the relevant committee and will draw upon a range of responses that are proportionate to the level of risk of that program. The relevant committee may tailor responses to the particular circumstances of the program, with a focus on risk mitigation strategies.

Responses are included in *Table 3*:

| Low risk programs |
|--|
| <ul style="list-style-type: none">• Routine monitoring. |
| Medium risk programs |
| <ul style="list-style-type: none">• The Accreditation Committee may request further information/clarification with an education provider following review of routine monitoring.• Establishing monitoring requirements or imposing conditions against the accreditation standards (specific monitoring). |
| High risk programs |
| <ul style="list-style-type: none">• Establishing specific monitoring requirements in addition to routine monitoring, which may include a monitoring visit.• Imposing conditions against accreditation standards.• The Accreditation Committee may request a meeting (either in person or by videoconference) with senior representatives of the education provider to clarify expectations.• Further investigation with an education provider following which, the Accreditation Committee may recommend that the education provider ceases to enrol students until matters of concern are resolved.• Imposing an end date on accreditation. |
| Extreme risk programs |
| <ul style="list-style-type: none">• The Accreditation Committee will request an urgent meeting (either in person or by videoconference) with the education provider to further investigate the specific matters of concern.• The Accreditation Committee may end accreditation. At this stage, legal advice will be sought on the relevant risks and it will be proportionate to the risk to the public.• The Accreditation Committee will provide advice to the National Board about possible regulatory impacts on registration outcomes. |

Table 3: Regulatory responses

10. Reporting on the outcomes of the risk-based assessment

Following the committees' assessment of a program's level of risk, the committees will advise education providers of their risk level by risk category, highlighting any specific risk indicators that have been considered high or extreme risk and reasons for the outcome. The committees may provide education providers with relevant documents supporting their decisions.

Glossary

| Term | Definition |
|-------------------------------------|---|
| Accreditation risk framework | The overarching framework comprising the <i>Guidelines for risk-based accreditation decision-making</i> and the <i>Internal procedures for the implementation of risk-based accreditation decision-making</i> . |
| Accreditation authority | An external accreditation entity; or an accreditation committee. |
| Accreditation committee | <p>Accreditation committees are established by National Boards to exercise a number of accreditation functions under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).</p> <p>The Accreditation Committee exercises accreditation functions directly under the National Law without any delegation to the committee by the National Board.</p> <p>The role of the Accreditation Committee is to develop and recommend accreditation standards to the National Board for approval. It then assesses whether programs of study and education providers are meeting the accreditation standards and decides whether or not to accredit the provider and program. The National Board considers the Accreditation Committee's decision and its report and decides whether or not to approve an accredited program as a qualification for registration as a health practitioner.</p> <p>The accreditation committees are not responsible for setting registration standards, registering health practitioners, or investigating complaints about health practitioners.</p> <p>There are five accreditation committees:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health Practice • Chinese medicine • Medical radiation practice • Paramedicine • Podiatry |
| Accreditation standard | A standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia. |
| Accreditation application | Narrative and evidence provided to the respective accreditation committee by the education provider to show how the program of study and the education provider that provides the program of study meets the standards. |
| Accredited | Is a status applied when the program of study and the education provider that provides that program of study meet the approved accreditation standards for the profession. |
| Accredited with conditions | Is a status applied when the program of study, and the education provider that provides that program of study, substantially meet an approved accreditation standard for the profession and the imposition of conditions on the accreditation will ensure the program meets the standard within a reasonable time. A condition must be clear and relate to the desired outcome. Further information on the use of conditions can be found in the document <i>Understanding the use of conditions in accreditation in the National Registration and Accreditation Scheme</i> ² . |
| Accredited program of study | <p>A program of study accredited under section 48 of the National Law by an accreditation authority.</p> <p>The National Law outlines the Accreditation Committee's responsibility to monitor accredited and approved programs of study as well as the education providers offering them.</p> |
| Assessors | Assessors are people appointed by the Accreditation Committee to be members of accreditation assessment teams or to evaluate responses to specific monitoring. |
| Course | A program of study. The Tertiary Education Quality and Standards Agency (TEQSA) and the Australian Skills Quality Authority (ASQA) register courses for education providers that do not hold self-accrediting authority. |
| Education provider | A university, tertiary education institution or another institution or organisation that provides vocational training, or a specialist medical college or other health profession college. |

² Read *Understanding the use of conditions in accreditation in the National Registration and Accreditation Scheme* at: <http://hpacf.org.au/wp-content/uploads/2021/03/Understanding-the-use-of-conditions-in-accreditation-in-the-NRAS-November-20201.pdf>

| Term | Definition |
|------------------------------|--|
| Institutional culture | How an institution functions based on a shared set of core values, assumptions, beliefs and ideologies, but also with individuals with a diverse range of backgrounds and expertise. |
| Monitoring | Activities carried out by an accreditation committee to establish if a program and its provider meet the approved accreditation standards for the profession. |
| National Boards | Each health profession that is part of the National Registration and Accreditation Scheme is represented by a National Board. While the primary role of the boards is to protect the public, the boards are also responsible for registering practitioners and students, as well as other functions, for their professions. All National Boards are supported by Ahpra in the framework of a Health Profession Agreement. |
| Program of study | A program of study provided by an education provider. A program of study is referred to as a course by TEQSA and ASQA. |
| Risk category | Risk indicators are categorised into one of five areas (risk categories) these are: <ul style="list-style-type: none"> • provider/course registration status with sector regulators • provider profile • provider monitoring data • standards, and • institutional culture. |
| Risk indicator | The specific information that accreditation committees will consider in determining an overall risk level and responses to risk. |
| Risk level | The level of risk attributed to a program or provider (low, medium, high or extreme) based on the consideration, by an accreditation committee, of their risk profile. |
| Risk profile | The collation of information in response to the risk indicators that will guide accreditation committees in making decisions about programs' overall level of risk and appropriate responses to those risks. |
| Routine monitoring | A report submitted at routine intervals by education providers to the respective accreditation committee to allow the committee to track whether education providers are continuing to meet accreditation standards. The accreditation committees use routine monitoring to collect key statistical data and other details in a similar way that TEQSA collects information and data on education providers through its Provider information requests and other mechanisms. |
| Sector regulators | Provide quality assurance and regulation of education providers |