

# Chinese Medicine Accreditation Committee - Terms of Reference

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## Background

- A The Chinese Medicine Board of Australia (**Board**) has decided the Accreditation Functions for the Chinese medicine profession will be exercised by an accreditation committee established by the Board, pursuant to section 43 of the National Law.
- B The Chinese Medicine Accreditation Committee (**Accreditation Committee**) is established by the Board under clause 11 of schedule 4 of the National Law.
- C In addition to the objectives and guiding principles in the National Law, the priorities of the Board, the Accreditation Committee and the Australian Health Practitioner Regulation Agency (**Ahpra**) in administering Accreditation Functions for the Chinese medicine profession are to, enhance safety and quality, embed inter-professional learning and practice, improve Aboriginal and Torres Strait Islander health, address cultural safety, achieve greater consistency, share good practice, strengthen governance, transparency and accountability, respond to health and workforce priorities and reduce regulatory burden and duplication (**Priorities**).
- D Ahpra will support the Accreditation Committee to carry out its Accreditation Functions consistently with these Terms of Reference, pursuant to section 25 of the National Law and consistent with the Health Profession Agreement between the Board and Ahpra under section 26 of the National Law.

## 1. Defined terms and interpretation

### 1.1 Defined terms

In this document:

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

**Accreditation Material** means Material created or developed by or on behalf of the Accreditation Committee in the course of performing the Accreditation Functions.

**Accreditation Systems Review** means the *Independent Review of Accreditation Systems in the National Registration and Accreditation Scheme* commissioned by the Australian Health Ministers' Advisory Council.

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

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

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

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

**Dispute** has the meaning given to it in clause 9.

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

**Fee Setting Principles** means the principles for setting Third Party Fees set out in Attachment E, as updated under clause 6.

**Funding Principles** means the principles for the Accreditation Committee to request, and the Board (in consultation with Ahpra) to determine the Funds to be allocated to support the work of the Accreditation Committee in each financial year, set out in Item 1 of Attachment D as updated under clause 6.

**Funds** means the amount set out in Item 2 of Attachment D, as updated under clause 6.

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

**Key Performance Indicators** means the key performance indicators set out in Attachment F as updated under clause 6.

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

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

**Terms of Reference** means this document, including its attachments.

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

**Work Plan** means the work plan set out in Attachment C, as updated under clause 6.

## 1.2 Interpretation

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

- a) the singular includes the plural and vice versa, and a gender includes other genders;
- b) another grammatical form of a defined word or expression has a corresponding meaning;
- c) a reference to a clause, paragraph, attachment or annexure is to a clause or paragraph of, or attachment or annexure to, these Terms of Reference, and a reference to these Terms of Reference includes any attachment or annexure;
- d) a reference to a document or instrument includes the document or instrument as novated, altered, supplemented or replaced from time to time;
- e) a reference to **A\$, \$A, dollar, AUD** or **\$** is to Australian currency;
- f) a reference to time is to Melbourne, Australia time;
- g) a reference to a person includes a natural person, partnership, body corporate, association, governmental or local Committee or agency or other entity;
- h) a reference to a statute, ordinance, code or other law includes regulations and other instruments under it and consolidations, amendments, re-enactments or replacements of any of them; and
- i) the meaning of general words is not limited by specific examples introduced by including, for example or similar expressions.

## 1.3 Headings

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

## 2. Inconsistency

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

### 3. Application of Terms of Reference

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

### 4. Performance of Accreditation Functions

- a) The Accreditation Committee must perform the Accreditation Functions:
  - (i) with due care and skill, in a professional manner and in compliance with all applicable laws and regulatory requirements; and
  - (ii) in accordance with the Work Plan and so as to achieve the Key Performance Indicators.
- b) The Accreditation Committee, in consultation with Ahpra, must:
  - (i) commence a review of the Work Plan for the next financial year by 31 December each year;
  - (ii) complete a review of the Work Plan for the next financial year by 1 February each year; and
  - (iii) submit the Work Plan for the next financial year to the Board by 1 March each year for consideration and approval.
- c) The Board will provide written advice to the Accreditation Committee about the outcomes of its consideration and approval of the Work Plan for the next financial year by 31 March each year.

### 5. Financial Arrangements

#### 5.1 Funding arrangements

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

#### 5.2 Accountability for use of Funds

The Accreditation Committee and Ahpra, must:

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

### 5.3 Third Party Fees

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

### 5.4 Unused Funds

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

## 6. Review of work plan, funds and attachments

- a) The Accreditation Committee, the Board or Ahpra may initiate discussions on the:
  - (i) Work Plan;
  - (ii) Funds;
  - (iii) Funding Principles;
  - (iv) Fee Setting Principles;
  - (v) reporting and documentation requirements set out in Attachment F; and
  - (vi) Key Performance Indicators,
 from time to time.
- b) Where discussions take place under clause 6a)(i) or 6a)(ii), the Board, in consultation with Ahpra, will:
  - (i) conduct a review of the Work Plan or Funds including seeking advice from the Accreditation Committee; and
  - (ii) acting in good faith and in consultation with Ahpra and the Accreditation Committee, consider whether any changes are required and confirm the Work Plan or Funds going forward, taking into account:
    - (A) in relation to changes to the Work Plan, the Accreditation Committee's current performance of the Accreditation Functions and any request from the Accreditation Committee for any changes to the Work Plan; and
    - (B) in relation to changes to the Funds, the Funding and Fee Setting Principles and any request from the Accreditation Committee for any changes to the Funds,
 with any review under this clause to occur not more than once annually, unless there is a significant reason for the review to be conducted on a more frequent basis.
- c) Where discussions take place in relation to clause 6a)(iii) to 6a)(vi), Ahpra, in consultation with the Board, will conduct a review of the:
  - (i) Funding Principles;
  - (ii) Fee Setting Principles;

- (iii) Reporting and documentation requirements set out in Attachment F; and/or
- (iv) Key Performance Indicators; and

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

- d) If the Board, in consultation with Ahpra, decides to make changes to the items listed in clause 6a)(i) to 6a)(vi), those changes will commence from the date of that decision, unless the Board decides on a later date.

## **7. Reporting and performance review**

- a) The Accreditation Committee, with support from Ahpra, must provide to the Board the reports and supporting documentation in accordance with the timeframes and form and content requirements as set out in Attachment F.
- b) If the Board, in consultation with Ahpra, identifies significant concerns or risks related to the performance of the Accreditation Functions, the Board may review the Accreditation Committee's:
  - (i) use of Funds; and
  - (ii) performance of its obligations under these Terms of Reference.

## **8. Ownership of Intellectual Property Rights in Accreditation Material**

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

## **9. Duty to Act in the Public Interest**

Each member of the Accreditation Committee must:

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

## **10. Conflicts of Interest and Conflict**

- a) Members of the Accreditation Committee must comply with the conflict of interest requirements set out in clause 8 of schedule 4 of the National Law; and
- b) If a Conflict arises during the Term, the Accreditation Committee must notify the Board in writing immediately of the Conflict, make full disclosure of all relevant information relating to the Conflict and take such steps as Board, in consultation with Ahpra, requires to resolve or otherwise deal with the Conflict.

## **11. Membership**

- a) The Accreditation Committee will consist of at least five members including:

- (i) at least one individual who is not a registered Chinese medicine practitioner and who has relevant expertise in higher education or clinical teaching of students or another area that is relevant to the Committee's work.
  - (ii) at least three registered Chinese medicine practitioners currently working in senior positions within the higher education sector who have relevant expertise in delivery of Chinese medicine education and in accreditation, preferably within the National Scheme and ideally with experience in research
  - (iii) at least one registered Chinese medicine practitioner currently working in a senior position in the practice setting who has comprehensive professional experience including contemporary experience in clinical teaching of Chinese medicine students
- b) The Board will appoint one of the members to be the chair of the Committee.
  - c) The Board will appoint one or two members to be the deputy chair(s) of the Committee.

## 12. Quorum

A quorum for the Accreditation Committee shall be a majority of members including the Chair or Deputy Chair.

## 13. Appointment of Members and Term of Appointment

- a) Members of the Board and members of other Board committees are not eligible for appointment to the Accreditation Committee.
- b) The Board will appoint each member of the Committee following a call for applications published on the Board's website. In deciding whether to appoint a person as a member of the Committee, the Board is to have regard to the skills and experience that are relevant to the Committee's functions.
- c) In making appointments to the Committee the Board will have regard to its commitment to Strategy 8 in the Increased participation objective of the National Scheme's *Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*.
- d) Each member of the Committee will be appointed for a term determined by the Board for up to three years and be eligible to apply for reappointment for a maximum of three terms.
- e) The Board may remove a Committee member if:
  - (i) the member has been found guilty of an offence (whether in a participating jurisdiction or elsewhere) that, in the opinion of the Board, renders the member unfit to continue to hold the office of member; or
  - (ii) the member ceases to be a registered health practitioner as a result of the member's misconduct, impairment or incompetence; or
  - (iii) the member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with the member's creditors or makes an assignment of the member's remuneration for their benefit; or
  - (iv) the Committee or Board recommends the removal of the member, on the basis that the member has engaged in misconduct or has failed or is unable to properly exercise the member's functions as a member.
- f) Where a vacancy occurs prior to the end of a member's term, the Board may fill the vacancy on a temporary or longer term basis. It is not necessary to advertise such a vacancy before appointing

a person to fill a casual vacancy, but the appointment must be consistent with the membership details set out in these terms of reference.

#### **14. Meetings and Procedures**

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

#### **15. Assessment Teams**

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

#### **16. Decision Making**

- a) While it is preferred that the Accreditation Committee reaches decisions by consensus, if this is not possible, a decision supported by a majority of the votes cast at a meeting at which a quorum is present, is the decision.
- b) In the event of an equality of votes, the chair of the Accreditation Committee has a second or casting vote.

#### **17. Communication Arrangements**

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

#### **18. Stakeholder collaboration**

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

#### **19. Dispute resolution**

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

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

## 20. Other

### 20.1 Duty of confidentiality

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

### 20.2 Protection from personal liability for persons exercising functions

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

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

### 20.3 Variation

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

## 21. Review of these Arrangements

The accreditation arrangements will be reviewed by 30 June 2024.

**Approved by the Chinese Medicine Board of Australia on 30 July 2019**

**Revisions approved by the Chinese Medicine Board of Australia on 26 October 2021**

Attachment A –Application of Terms of Reference

| Item | Clause Reference | Details                                     |
|------|------------------|---|
| 1    | Clause 3(a)      | <b>(Commencement Date)</b><br>1 August 2019 |
| 2    | Clause 3(a)      | <b>(End Date)</b><br>30 June 2024           |

## Attachment B – Accreditation Functions

The Accreditation Committee will carry out the following Accreditation Functions under these Terms of Reference:

### 1.1 Development and review of accreditation standards

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

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

### 1.2 Accreditation of programs of study and education providers

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

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

### 1.3 Assessment of overseas assessing authorities

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

- (a) assess authorities in other countries who conduct examinations for registration of acupuncturists, Chinese herbal medicine practitioners or Chinese herbal dispensers, or accredit programs of study relevant to registration of acupuncturists, Chinese herbal medicine practitioners or Chinese herbal dispensers, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise as an acupuncturist, a Chinese herbal medicine practitioner or a Chinese herbal dispenser in Australia

### 1.4 Assessment of overseas qualified health practitioners

The Accreditation Committee will carry out the following functions relating to the assessment of overseas qualified acupuncturists, Chinese herbal medicine practitioners and Chinese herbal dispensers seeking registration in Australia:

- (a) when requested oversee assessments of overseas qualified acupuncturists, Chinese herbal medicine practitioners and Chinese herbal dispensers seeking registration that reflect National Law provisions related to the qualification element of eligibility for registration, and
- (b) provide advice to the Board on matters relating to assessment of overseas qualified acupuncturists, Chinese herbal medicine practitioners and Chinese herbal dispensers that reflect National Law provisions related to the qualification element of eligibility for registration.

# Attachment C – Work Plan

**Key**  Action required

As required

|  | Jul 2021 | Aug 2021 | Sept 2021 | Oct 2021                               | Nov 2021     | Dec 2021 | Jan 2022 | Feb 2022 | March 2022     | April 2022 | May 2022 | June 2022 |  |
|--|----------|----------|-----------|--|--------------|----------|----------|----------|----------------|------------|----------|-----------|--|
| <b>Meetings</b>  |          |          |           |  |              |          |          |          |                |            |          |           |  |
| Committee meetings (face-to-face)                            |          |          |           |  | 25           |          |          |          |                |            | TBC      |           |  |
| Committee meetings (tele/videoconference)                    | 29       |          |           |  |              |          |          | TBC      |                |            |          |           |  |
| Accreditation Committee Chairs' meetings                     | 22       |          |           |  |              | TBC      |          | TBC      |                |            | TBC      |           |  |
| Exec Meetings (Board and Committee Chair)                    |          | TBC      |           |  |              | TBC      |          | TBC      |                |            |          | TBC       |  |
| Health Profession Accreditation Collaborative Forum meetings | 23       |          |           | 15<br><small>Chairs &amp; CEOs</small> |              | 3        |          | TBC      |                |            | TBC      |           |  |
| <b>Business processes and procedures</b>                     |          |          |           |  |              |          |          |          |                |            |          |           |  |
| Recruit assessors  |          |          |           |  |              |          |          |          |                |            |          |           |  |
| Assessor Training  |          | Online   |           |  |              |          |          |          |                |            |          |           |  |
| Approve routine annual monitoring package                    |          |          |           |  |              |          |          | 2022     |                |            |          |           |  |
| Confirm indicative 2022-2023 budget and workplan             |          |          |           |  |              |          |          |          |                |            |          |           |  |
| Annual review and forward planning                           |          |          |           |  |              |          |          |          | 2021 CY        |            |          |           |  |
| Report to Board against KPIs                                 |          |          |           |  |              |          |          |          |                |            |          |           |  |
| Accreditation Risk Framework development                     | Drafting |          | Feedback  | Drafting                               | Consultation |          | Confirm  |          | Implementation |            |          |           |  |

| <b>Assessment of programs of study</b>  |         |                  |                  |                  |                  |                  |      |      |      |      |                 |      |
|---|---------|------------------|------------------|------------------|------------------|------------------|------|------|------|------|-----------------|------|
| Receive application for accreditation assessment  |         |                  |                  | RMIT             |                  |                  |      |      | WSU  |      |                 | ECNH |
| Evaluate application  |         |                  |                  | RMIT             | RMIT             |                  | RMIT |      | WSU  | WSU  | WSU             | ECNH |
| Site visit (physical/videoconference)   | Torrens |                  |                  |                  |                  |                  |      | RMIT |      |      |                 | WSU  |
| Draft accreditation report writing and fact check   |         | Torrens          | Torrens          | Torrens          |                  |                  |      | RMIT | RMIT | RMIT |                 | WSU  |
| Decision on accreditation and proposed conditions (previously known as preliminary decision)  |         |                  |                  |                  | Torrens          |                  |      |      |      |      | RMIT            |      |
| Confirm accreditation decision  |         |                  |                  |                  | Torrens          |                  |      |      |      |      | RMIT            |      |
| Notice to education provider and report to Board on decision  |         |                  |                  |                  | Torrens          |                  |      |      |      |      | RMIT            |      |
| <b>Monitoring approved programs of study</b>  |         |                  |                  |                  |                  |                  |      |      |      |      |                 |      |
| Receive responses to routine annual monitoring (RAM)/specific monitoring (SM) including transition requirements from 2013 AS to 2019 AS                                       |         | 2021 RAM (4 EPs) |                  |                  |                  |                  |      |      |      |      |                 |      |
| Evaluate responses to routine annual monitoring (RAM)/specific monitoring (SM) including transition requirements from 2013 AS to 2019 AS to routine annual and prepare report |         | 2021 RAM (4 EPs) | 2021 RAM (4 EPs) | 2021 RAM (4 EPs) |                  |                  |      |      |      |      |                 |      |
| Committee considers report on responses to routine annual monitoring (RAM)/specific monitoring (SM) including transition requirements from 2013 AS to 2019 AS                 |         |                  |                  |                  | 2021 RAM (4 EPs) |                  |      |      |      |      |                 |      |
| Update provider and Board on outcome of routine annual monitoring/specific monitoring including transition requirements from 2013 AS to 2019 AS                               |         |                  |                  |                  |                  | 2021 RAM (4 EPs) |      |      |      |      |                 |      |
| <b>Stakeholder engagement</b>   |         |                  |                  |                  |                  |                  |      |      |      |      |                 |      |
| Approve stakeholder engagement framework  |         |                  |                  |                  |                  |                  |      |      |      |      |                 |      |
| Implement stakeholder engagement framework  |         |                  |                  |                  |                  |                  |      |      |      |      |                 |      |
| Evaluate stakeholder engagement framework   |         |                  |                  |                  |                  |                  |      |      |      |      |                 |      |
| Revise stakeholder engagement framework   |         |                  |                  |                  |                  |                  |      |      |      |      | Chairs' meeting |      |

## Attachment D – Funding arrangements

The funding principles below will guide accreditation authorities, National Boards and Ahpra for the 2019/20 financial year initially. These funding principles may be reviewed under clause 6.

### Item 1 – Funding Principles

These Funding Principles are to be applied by accreditation authorities, National Boards and Ahpra when they are considering and agreeing on the funding to be provided to the accreditation authority by the National Board/Ahpra for performance of the accreditation functions.

The principles aim to promote consistency, transparency and accountability for use of registrant fees to fund the accreditation function.

The National Board will provide funding through registrant fees to cover some of the indirect costs of the Accreditation Committee's activities related to program accreditation including monitoring.

The following principles will apply, in addition to the guiding principles and objectives of the National Law, and the Quality Framework for the Accreditation Functions, when the Accreditation Committee is requesting funding from the Board (funding request) and when the Board is deciding to provide funding to the Accreditation Committee (funding decision):

1. Requests for funding should be reasonable and proportionate to the activities being funded
2. The funding provided by the National Board should cover a proportion of the governance costs related to the accreditation functions
3. The funding provided by the National Board for the development and review of accreditation standards should be requested and considered separately to the funding
4. Requests for increases in funding from the previous year should not usually exceed the indexation range applicable to National Board fee increases
5. Where the Accreditation Committee considers an increase in funding above the indexation range is required, it should put the funding request and a business case supporting the increase above the indexation range to the National Board for their consideration
6. Such a request and business case should be forwarded to the National Board to enable them to have sufficient time to properly consider the funding request
7. The National Board may agree to the requested increase in funding or propose to agree to a lesser amount. Such a proposal and reasons for that proposal should be forwarded to the Accreditation Committee to enable it to have sufficient time to properly consider the proposed funding amount and reasons.
8. The National Board should agree to provide sufficient funding to enable the Accreditation Committee to effectively deliver the accreditation functions.

### Item 2 – Funds

The Funds allocated by the National Board to support the work of the Accreditation Committee in the 2021/2022 financial year is \$149,370.

## Attachment E – Fee Setting Principles

*The fee setting principles below will guide accreditation authorities when they are setting fees for third parties including education providers and overseas qualified practitioners. The principles below will initially apply in 2019/20 and may be reviewed and updated under clause 6.*

These fee setting principles are to guide accreditation authorities when they are setting fees charged to education providers and, where relevant, overseas qualified practitioners, (third party fees).

1. The principles aim to promote consistency, transparency and accountability for fees charged by accreditation authorities.
2. When the National Board is approving the fees that Ahpra charges third parties in connection with the performance of the Accreditation Functions by the Accreditation Committee as part of its consideration and approval of the budget and Funds for delivery of the Work Plan for the next financial year the following principles should be considered:
  - a. Fees should be reasonable and proportionate to the cost of the services being provided to the third party
  - b. Increases in fees from the previous year should not usually exceed the indexation range applicable to National Board fee increases (up to 3%)
  - c. Where the Accreditation Committee considers an increase in fees above the indexation range is required, it should put the fee proposal and a business case supporting the proposal to the National Board for its consideration
  - d. Such a proposal should be forwarded to the National Board by mid-February or earlier each year to enable sufficient time for the Board to properly consider the proposal.
  - e. The National Board may advise the Accreditation Committee the proposed fee increase or a lesser amount will be applied. Such advice and reasons for that advice should be forwarded to the Accreditation Committee to enable it to have sufficient time to properly consider the advice and reasons when it is preparing its budget.
  - f. The National Board and Accreditation Committee must consult with education providers on any proposed fee increase that exceeds the indexation range

## Attachment F – Reporting and documentation

The Accreditation Committee will report on a six-monthly basis against a template based on the KPIs and key activity data to be agreed between the Accreditation Committee, National Board and Ahpra.

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

## Attachment G – Key Performance Indicators

### Strategic KPIs

| Key priority areas   | KPIs   |
|--|--|
| <b>Cultural safety</b>                                       | The accreditation authority has standards and processes that require all education providers to include in their programs the ability for their graduates to deliver culturally safe health care including for Aboriginal and Torres Strait Islander peoples.  |
|  | The accreditation authority personnel are trained in cultural safety including for Aboriginal and Torres Strait Islander peoples.  |
| <b>Safety and quality</b>                                    | The accreditation authority has standards and/or processes that appropriately recognise the relevant National Safety and Quality Health Service Standards, including in relation to collaborative practice and team-based care.  |
| <b>Reducing regulatory burden and increasing consistency</b> | The accreditation authority has standards and processes that appropriately recognise the TEQSA/ASQA standards and processes.   |
|  | The accreditation authority participates in collaborative activities with other authorities, including to develop consistent structures, standards or processes, to avoid any unnecessary regulatory burden and to facilitate education that contributes to a health workforce that responds to evolving healthcare needs. |
| <b>Funding and fee principles</b>                            | The accreditation authority applies the funding and fee principles listed in the agreement with Ahpra / terms of reference in its funding application to the relevant National Board and when it sets fees for accreditation functions.  |

## KPIs based on Quality Framework

### KPIs relating to individual or combined domains

| Quality Framework domains   | KPIs  |
|---|---|
| <b>Governance<br/>Independence</b>                                  | The accreditation authority has implemented a transparent selection process for its governance body   |
|   | The accreditation authority's published processes demonstrate independence in decision making   |
| <b>Operational management</b>                                       | The accreditation authority has implemented effective systems to regularly monitor and improve its accreditation processes.   |
|   | The accreditation authority has an effective risk assessment framework to identify and actively manage risk.  |
| <b>Accreditation Standards</b>                                      | The accreditation authority regularly reviews and updates the accreditation standards   |
| <b>Process for accreditation of programs of study and providers</b> | The accreditation authority has implemented systems to evaluate the performance of assessment teams which are used to continuously improve its policies and processes for assessor selection, appointment and training.                               |
| <b>Assessment of overseas assessing authorities</b>                 | KPI not developed as only a small number of accreditation authorities undertaking this function.  |
| <b>Assessment of overseas qualified practitioners</b>               | The processes for assessing overseas qualified practitioners are based on current evidence and best practice, published and regularly reviewed  |
|   | The accreditation authority has implemented systems to evaluate the performance of assessment processes which are used to continuously improve its policies and processes, including for assessor selection, appointment and training where relevant. |
| <b>Stakeholder collaboration</b>                                    | The accreditation authority has implemented processes for stakeholder collaboration.  |
|   | The accreditation authority has implemented processes for stakeholder consultation and publishing feedback in line with the published National Board consultation process.  |

### Possible KPIs encompassing the entire Quality Framework

*The accreditation authority is achieving or exceeding in delivering against the Quality Framework, where the target level of performance may be  $\geq 75\%$  (TBC)*

Measurement of this KPI would be based on a composite score for all the Quality Framework KPIs outlined above (which would be developed through a consultative process) and a target set within that.

The accreditation authority would self-assess against the Scoring Framework and provide the self-assessment to both the National Board and Ahpra for their consideration and feedback. The self-assessment would be integrated with the six-monthly reporting to the Board/Ahpra.