Australian Dental Council
Comments on the Draft Accreditation Standards and Processes

Thank you for the opportunity to comment on the Accreditation Committees draft standards and processes.

General comments

The context for the comments below on the Draft Accreditation Standards is that the objectives of the national registration and accreditation scheme as they relate to the accreditation of programs are much narrower than the remit of TEQSA or ASQA with regard to provider registration and course accreditation. Section 3 of the National Law outlines the key objectives relating to the accreditation, which are:

- Section 2 (a) To protect the public 'by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered'.
- Section 2 (c) 'to facilitate the provision of high quality education and training of health practitioners'.
- Section 2 (f) '… to enable innovation in the education of…health practitioners'.

It follows that the extent to which an accreditation authority assesses the education provider should only focus on those aspects of the provider's operation and management that may affect the delivery of the program and inhibit the provider from producing competent and ethical health practitioners. The accreditation authority should not be concerned with general operational aspects of the education provider.

Given these considerations, and in a context where the Commonwealth Government is committed to reducing the regulatory burden for higher education providers, structuring the Draft Accreditation Standards in alignment with the Standards for NVR Registered Training Organisations and the TEQSA Threshold Standards poses a number of problems:

- **Regulatory overreach:** Fields 1-4 in each of the Draft Accreditation Standards (and Field 5 in the Accreditation Standards for Aboriginal and Torres Strait Islander (ATSI) health practice) imply an assessment of the education provider against requirements that are not primarily concerned with ensuring that graduates of the program are safe to practice. For example, Standard 1.1.4 implies an assessment of the overall staffing profile of the education provider against what are essentially NVR Standards requirements, whereas this is be a concern of ASQA. Similarly, Standard 1.3.4 implies that the accreditation authority is assessing the way the provider keeps all records. Standard 1.2.2 of the medical radiation/Chinese medicine Standards require a demonstration that the provider has the capacity to achieve its 'higher education objectives', which is a particular concern of TEQSA but it is not clear why the accrediting authority should seek assurance regarding the provider's objectives beyond the provision of the program being accredited. Most of the matters covered in Fields 1-4/5 would be assessed by TEQSA/ASQA and

TEQSA/ASQA. Requiring provider to furnish information to the accrediting authority which has already been submitted to TEQSA/ASQA would increase the regulatory burden when knowledge of RTO/TEQSA registration is publicly available. The amount of work required to do this should not be underestimated, particularly given the rationale for re-assessing this material is not clear.

- **Risk of conflicting assessments:** There is a risk that there will be competing interpretations of the requirements from TEQSA and the assessors appointed by the accreditation authority to assess the programs for accreditation. Furthermore, since it appears that each time a provider submits an accreditation they are required to report against each Standard, there is also a risk that different assessment teams will make incompatible recommendations at an institutional level in cases of multiple sequential applications from a single provider. This could occur, for example, where there is an application for accreditation of a Bachelor of Chinese of Medicine followed by an application eighteen months later for a Master of Chinese Medicine from the same provider.
- **Duplication in requirements of standards:** There is repetition across the requirements relating to the education providers, the AQF and the accreditation of the programs, which is likely to cause confusion for providers and result in the repetition of material within an education provider's self-audit. For example requirements under Standard 1.9.1 and 2.1 of the ATSI health practice standards around AQF compliance appear to be almost exactly the same.
- **Structure of standards:** The structuring of the ATSI health practice standards as per the NVR Standards does not create a user friendly structure since the education provider has to deal with similar requirements across a range of standards. For example, the first standard deals with data analysis and continuous improvement rather than institutional structure and governance, which is the case with medical radiation and Chinese medicine draft accreditation standards that are modelled on the TEQSA Threshold Standards.
- **Number of standards:** In the case of the medical radiation/Chinese medicine Standards there are 27 Standards and over 160 sub-criteria, plus some additional criteria within the sub-criteria. In the case of the ATSI health practice Standards there are 28 Standards and over 140 sub-criteria, plus some additional criteria within the sub-criteria. This is a substantial number of Standards to require a provider to address and would mean allocating substantial resources to producing the self-audit document. Moreover, it is not clear from the associated process guidelines whether providers need to address the sub-criteria individually. If this is the case this would be an even further impost of time and resources on providers.

Specific comments

Accreditation Standards Aboriginal & Torres Strait Islander Health Practice

- Standard 1.1.2: Is the reference to 'industry' appropriate here? This would seem to be an ASQA matter. A more appropriate reference would be what is required for practice.
- Standard 1.10.1: Regulating marketing and advertising of AQF and VET qualifications is already an ASQA concern. This standard could instead deal with marketing and

advertising of course as it concerns accreditation of the program and registration of graduates.

- Standard 1.1.4: Requirements around the qualifications and experience of staff are dealt with again at 6.8.2-6.8.4 which means there is overlap/repetition. A focus on qualifications to deliver the program (6.8.2-6.8.4) is more relevant to accreditation of the program.
- Standard 1.3.1: Is it the expectation that all students will have agreements with their provider? Is this common?
- Matters in Standards 1.3.1, 1.3.2, 1.3.4, 1.5.1, 1.6.1 are framed at a general, institutional level in such a way as to go beyond the management of program to operational issues that may not have any bearing on the effective delivery of the program. For example a significant change to operations could be a decision to discontinue provision of programs in an unrelated discipline which has no bearing on the delivery of the program.
- Standard 1.6.2: It is not clear why all students need to be informed of regulatory requirements for the VET. What happens with dual sector providers, that is those with higher education students as well as VET students? ELICOS students will not necessarily need to know about VET changes.
- Standard 1.8: Financial viability and tuition assurance are already assured by ASQA's regulation of the education provider.
- Requirements at Standard 1.9.1 for AQF compliance are essentially repeated at 2.1(a) with a slight variation in terminology but it is not clear why there needs to be this separation as there does not seem to be a clearly separate requirement here. Similarly requirements at 1.9.2-1.9.5 are essentially repeated at 2.2-2.4
- Field 2 would seem redundant given comments above.
- Fields 3-5 can be covered by Registered Training Organisation (RTO) registration, with assurance of registration coming from a public listing on the ASQA register. There could be specific requirement around providing data for the program.
- Standard 6.2.5: It is not clear why is there a concern that providers enter into formal partnerships with industry stakeholders to deliver the program. It is not clear how this is relevant to producing graduate that are safe to practice.
- Standard 6.5: This standard essentially repeats requirements at 1.1.1-1.1.4 and these could be streamlined into a single set of requirements.
- Standard 6.9.3 and 1.1.5 have significant overlap and could be combined.
- Standards 6.8.2 and 6.8.4 overlap with 1.1.2 and could be combined.
- Standard 6.11.5: It is not clear how an operational plan relates to quality assurance processes.
- Standard 6.11.5: Program committees are not normally responsible for delivering programs, which is done by teaching staff, but instead for development and review of programs.
- Standard 6.9.5: This requirement regarding student intake could be encompassed by 6.9.6.

Accreditation Standards for Medical Radiation Therapy/Chinese Medicine

- Standard 1.1.1: Why does the education provider have to have education as its principle purpose? The National Law allows for: a) a university; b) a vocational education provider or other tertiary institute; c) a specialist medical college or other health profession college. The latter may not have 'education' as a principal purpose, but may be more concerned with training or other areas of medical practice. While this is relevant to TEQSA, it is not necessarily applicable to training health professionals. It could invite debate and interpretations as to the level of education provision at the provider.
- Standard 1.1.2: In the case of public universities, as statutory bodies their governing bodies include government appointees and elected representatives. They may not require vetting by TEQSA. In any case, registration with TEQSA demonstrates compliance.
- Standard 1.1.4: (a) the request here is extensive, and would require submission of potentially a lot of information from a provider considering many universities, and private providers, operate through various entities and in various countries. It is not clear why this level of detail is relevant to producing safe practitioners in medical radiation therapy or Chinese medicine; (b) & (c) overlap and it does not seem necessary to have them separate. It should be noted that de-registered providers cannot legally provide higher education courses.
- Standard 1.1.5: Why is the accreditation authority concerned with a track record in 'business management' and with 'related services'? How does this relate to ensuring that the program graduates practitioners safe to practice?
- Standard 1.2: Financial viability is assessed and monitored by TEQSA, with TEQSA registration being an assurance of financial viability. The concern here should be adequacy of resources allocated to the delivery of the program.
- Standard 1.3.1: Why is the accreditation authority concerned here about matters such as the number of external members of the governing body, institutional delegations etc? How are these relevant to delivery of the program? The matters can be assumed as sufficient following TEQSA registration.
- Standard 1.3.2: Why is an institutional strategic plan relevant to be assured as to the whether graduates are safe practitioners?
- Standard 1.5.5: Why is there a requirement here that pertains to record keeping for all higher education operations? This would seem to be outside the scope of the accreditation authority's remit.
- Standard 1.3.3: TEQSA registration means that governance arrangements have already been assessed and found to be suitable. A more relevant focus would be on program evaluation of the medical radiation/Chinese medicine program.
- Standard 1.6.5: Grievance procedures are required of all TEQSA registered providers, which means TEQSA registration can suffice for assurance of these.
- Standards 1.6.6-1.6.9: These standards apply to all students of the provider, including those studying other programs, and would therefore appear outside the scope of the accreditation authority. Standard 1.6.6 specifically refers to 'all students' rather than to Chinese medicine/medical radiation students.

- Standards 1.7.4 and 17.5 do not specifically refer to Chinese medicine/medical radiation students.
- Standard 17.7.6 does not refer to medical radiation students.
- Field 2 is inconsistent in references to Chinese medicine/medical radiation students such that these Standards can be interpreted as applying to the institution as a whole, across all programs.
- Standard 3.1.1: It is not clear how the AQF requirements here differ substantially from 4.1.1 and 4.1.2 which creates potential duplication. AQF requirements could be covered by a single Standard. If AQF compliance is a TEQSA requirement and TEQSA registration is a pre-requisite does AQF compliance need to be assessed by the accreditation authority? Can TEQSA registration/accreditation be sufficient? Otherwise, there is the risk of competing interpretation of AQF compliance, between TEQSA and the assessment team appointed by the accreditation authority. Educating to the level required of the scopes of practice would seem a more relevant consideration here.
- Field 4, Standard 4.1 & 4.2: This is essentially a TEQSA regulatory requirement that would already be monitored by TEQSA and further monitoring would be regulatory duplication.
- Standard 4.3: This should be consistently framed in terms of the specific program otherwise the accreditation authority will be revisiting areas assessed by TEQSA or which lie within the authority of a self-accrediting provider.
- Standard 4.3.3: Why is it necessary to grant 'block, specified or unspecified credit' into a health practitioner program? How does this relate to ensuring public safety of practitioners?

For further information please contact [redacted] Accreditation Director, Australian Dental Council on [redacted] or [redacted]