



**AUSTRALIAN
PHYSIOTHERAPY
COUNCIL**

GUIDELINES FOR ACCREDITATION

**ENTRY-LEVEL PHYSIOTHERAPY PRACTITIONER
PROGRAMS OF STUDY**

Disclaimer: These guidelines provide general information in relation to the accreditation of entry-level physiotherapy programs of study. While care has been taken in the production of this guide, no legal liability is implied, warranted or accepted by the authors or the Australian Physiotherapy Council Limited and any liability is hereby expressly disclaimed.

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Guidelines for Accreditation of Entry-level Physiotherapy Practitioner Programs of Study VI.3

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I. INTRODUCTION

This is a guide for education providers seeking program accreditation, re-accreditation or engaged in the annual reporting of entry-level physiotherapy education programs of study. The content in this guide may be updated from time to time as the context of entry-level physiotherapy education changes and as the regulatory framework in which the accreditation is conducted changes. The current version will be located on the Australian Physiotherapy Council Limited website.

I.1 Australian Physiotherapy Council Limited

The Australian Physiotherapy Council Limited (the Council) is the accreditation authority for Physiotherapy Practitioner Programs in Australia. All programs accredited by the Council are assessed against the Accreditation Standard for Physiotherapy Practitioner Programs (2016), (the Accreditation Standard).

An accreditation authority for a health profession may accredit a program of study if, after assessing the program, the authority is reasonably satisfied—

(a) the program of study, and the education provider that provides the program of study, meet an approved accreditation standard for the profession;

or

(b) the program of study, and the education provider that provides the program of study, substantially meet an approved accreditation standard for the profession and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time.

Source: Health Practitioner Regulation National Law Act 2009 [s48 (1)]

The Accreditation Standards set out the minimum requirements to be met in order to deliver physiotherapy programs that provide persons who complete the program with the knowledge, clinical skills and professional attributes for practise of physiotherapy in Australia. A standard is met when each and every criterion within that domain is met.

The title 'physiotherapist' is protected under the Health Practitioner Regulation National Law Act 2009 (National Law). To practise physiotherapy and use the title 'physiotherapist' or 'physical therapist' in Australia, a person must be registered with the regulating authority, the Physiotherapy Board of Australia (PhysioBA).

The Council's accreditation process assures the Physiotherapy Board Australia (PhysioBA), that a physiotherapy program is appropriately structured and managed to produce graduates who will perform as ethical and competent physiotherapy practitioners. Accreditation by the Council enables the PhysioBA to determine whether it will grant a program Approved Program of Study status. An entry-level physiotherapy program must gain and maintain an Approved Program of Study status from the PhysioBA in order for its graduates to meet the PhysioBA's educational requirement to apply for general registration.

I.2 Accreditation

All programs accredited by the Australian Physiotherapy Council (the Council) are assessed against the approved Accreditation Standard for Physiotherapy Practitioner Programs (Accreditation Standard), a copy can be downloaded from the accreditation resources section of the Council's website at the following link <https://physiocouncil.com.au/media/1241/accreditation-standard-final-16122016.pdf>

Entry-level programs must address all the relevant attributes and competencies defined in the Physiotherapy Practice Thresholds (2015), producing graduates who can practise safely within an ethical framework as defined in the PhysioBA Code of Conduct for registered health practitioners. (Education

providers should refer to the PhysioBA website for the current versions of these documents (<http://www.physiotherapyboard.gov.au/>)

1.3 Accreditation Standard

The Australian Physiotherapy Council's Accreditation Standard was developed as part of an across-profession collaborative process and is harmonised with the Australian Dental Council and the Optometry Council of Australia and New Zealand, accreditation standards. The Councils' standards share the same five Domains and Standard Statements:

Table 1 — Harmonised Accreditation Standard Summary

Domain	Standard Statement
1. Public Safety	Public safety is assured.
2. Academic Governance and Quality Assurance	Academic governance and quality assurance processes are effective.
3. Program of Study	Program design, delivery and resourcing enable students to achieve the required professional attributes and competencies.
4. The Student Experience	Students are provided with equitable and timely access to information and support.
5. Assessment	Assessment is fair, valid and reliable.

Each Domain is articulated by a Standard Statement and each Standard Statement is supported by a set of Criteria. The criteria have been contextualised to the physiotherapy profession.

It is the responsibility of the education provider to demonstrate how its program meets the Accreditation Standard. The Accreditation Standard is outcomes focused, the Council does not prescribe program structures and curricula, or any other approach to educational delivery.

In undertaking its accreditation function the Council acknowledges the innovation and diversity of teaching and learning approaches of the various education providers within the continuum of Physiotherapy education, and also recognises that this diversity can strengthen the education system, provided that each education provider continually evaluates its program and methods of delivery.

The accreditation process is conducted in a positive, constructive manner based on peer review. While its primary purpose is to demonstrate whether or not standards are met, the process of accreditation also aims to foster quality improvement through feedback from the peer assessors.

1.4 Accreditation Outcomes

For a new program applying for accreditation, the outcome of the application may be: Accreditation with Conditions; or Not accredited. For an existing accredited program, the outcome of the application for re-accreditation or an annual report process may be: Accreditation; Accreditation with Conditions; or Accreditation Revoked. The period of accreditation that will be granted is up to a maximum of five years.

2. ACCREDITATION PROCESS

For initial program accreditation the process begins with an education provider expressing an interest to the Council in having one or more programs accredited, which will be followed by a discussion with the Council to explore and clarify the provider’s intentions, the nature of the process and indicative timelines.

Figure 1 —Accreditation process for new program of study

Activity	Indicative time frame
Initial discussions between education provider and Council Education provider submits Expression of Interest Review by Accreditation team and discussion with provider Accreditation Panel established, provider invited to review membership	24 months prior to planned commencement
Education provider submits Accreditation Application	18 months prior to planned commencement
Accreditation Panel independently review application Panel agree Initial Report	
Initial Report to education provider	
Site visit schedule negotiated with education provider Site visit undertaken Combined Panel Members’ Report*	9 months prior to planned commencement
Report sent to education provider, opportunity to correct errors or omission of facts	
Decision Statement and Final Panel Report prepared for Accreditation Committee review and recommendation to Council Board of Directors	
Accreditation Decision by Council Board of Directors Notification of Accreditation outcome to PhysioBA	
PhysioBA decision on Approved Program of Study status	2 months prior to planned commencement

Figure 2 — Re-accreditation process for existing program of study

Activity	Indicative time frame
Education provider submits Accreditation Application	9 months prior to planned commencement
Accreditation Panel independently review application Panel agree Initial Report	
Initial Report to education provider	
Site visit schedule negotiated with education provider Site visit undertaken Combined Panel Members' Report*	7 months prior to expiration of accreditation
Report sent to education provider, opportunity to correct errors or omission of facts	
Decision Statement and Final Panel Report prepared for Accreditation Committee review and recommendation to Council Board of Directors. OUTCOMES: Accredited – outcome to Council Board of Directors for noting Accredited with conditions – outcome to Council Board of Directors for decision Not Accredited - outcome to Council Board of Directors for decision	
Accreditation Decision by Council Board of Directors Notification of Accreditation outcome to PhysioBA	
PhysioBA decision on Approved Program of Study status	

2.1 Accreditation Application – Indicative Evidence

The Council is mindful of its regulatory obligation to ensure the proper evaluation of programs and education providers to determine whether they meet the required Accreditation Standard, whilst not wanting to impose unnecessary administrative burden. The Council has approved a list of indicative evidence items, some of which can be used to demonstrate multiple criteria, see Table 2.

The application template requires education providers to include a short statement addressing each criterion and an explanation of the evidence submitted to demonstrate the criterion is met. Education providers should include any further evidence and information they deem appropriate to support their submission. The Council relies on both documentary evidence submitted by the education provider and experiential evidence obtained by the Accreditation Assessment Panel at a site visit, to make its decision. Hard copies of information are not required, providers are encouraged to use hyperlinks to key documents within the application rather than uploading large files. The application template is on the Council website.

Table 2 — Indicative Evidence Requirements

DOMAIN I – PUBLIC SAFETY Standard Statement I - Public safety is assured	
CRITERIA	INDICATIVE EVIDENCE
1.1 Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program, clinical training and student learning outcomes.	<ul style="list-style-type: none"> • <i>Statement of overall education philosophy curriculum design and learning outcomes for the program of study.</i> • <i>Site visit – meeting with academic and clinical education staff.</i> • <i>Site visit to range of clinical education providers.</i>
1.2 Student impairment screening and management processes are effective.	<ul style="list-style-type: none"> • <i>Examples of mechanisms in place to deal with impaired students.</i>
1.3 Students achieve the relevant competencies before providing supervised patient care as part of the program.	<ul style="list-style-type: none"> • <i>Documentation describing the course structure that demonstrates timing of assessment of competency prior to clinical placement.</i>
1.4 Students are supervised by suitably qualified and registered physiotherapy and health practitioners during clinical education.	<ul style="list-style-type: none"> • <i>Policies and procedures on endorsement of student clinical placement and standards for supervision.</i> • <i>Site visit to range of clinical education providers.</i>
1.5 Health services and physiotherapy practices providing clinical placements have robust quality and safety policies and processes and meet all relevant regulations and standards.	<ul style="list-style-type: none"> • <i>Examples of clinical placement agreements.</i> • <i>Clinical placement policies.</i> • <i>Site visit to range of clinical education providers.</i>
1.6 Patients consent to care by students.	<ul style="list-style-type: none"> • <i>Examples of clinical placement agreements.</i> • <i>Site visit to range of clinical education providers.</i>
1.7 Where required, all students are registered with the relevant regulatory authority/ies.	<ul style="list-style-type: none"> • <i>Statement of receipt of student registration with the Physiotherapy Board of Australia or other relevant regulatory authority.</i>
1.8 The education provider holds students and staff to high levels of ethical and professional conduct.	<ul style="list-style-type: none"> • <i>Policies and procedures on ethical and professional behavior.</i>
1.9 The education provider complies with its obligations under the Health Practitioner Regulation National Law Act 2009, or equivalent national framework.	<ul style="list-style-type: none"> • <i>Examples of mechanisms in place to deal with mandatory notifications by education providers to the National Agency (SI 43 National Law).</i>

DOMAIN 2 – ACADEMIC GOVERNANCE AND QUALITY ASSURANCE

Standard Statement 2 – Academic governance and quality assurance processes are effective

CRITERIA	INDICATIVE EVIDENCE
2.1 The provider has robust academic governance arrangements in place for the program of study that includes systematic monitoring, review and improvement.	<ul style="list-style-type: none">• Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement.
2.2 Quality improvement processes use student, health consumer, and other evaluations, internal and external academic and professional peer review to improve the program.	<ul style="list-style-type: none">• Reports from internal reviews and evaluations describing mechanisms of the review and actions taken in response to feedback received.• Site visit – meeting with academic staff and students.
2.3 There is relevant external input to the design and management of the program, including from representatives of the physiotherapy profession.	<ul style="list-style-type: none">• Reports of external stakeholder input to quality assurance and benchmarking activities.• Site visit – meeting with the external program advisory group.
2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.	<ul style="list-style-type: none">• Examples of updating curriculum to contemporary development.• Site visit – meeting with academic staff.
2.5 The organisation offering the program of study holds current registration with the relevant higher education authority.	<ul style="list-style-type: none">• Statement of Registration as a provider with the appropriate authority e.g. TEQSA.

DOMAIN 3 – PROGRAM OF STUDY

Standard Statement 3 – Program design, delivery and resourcing enable students to achieve the required professional attributes and competencies

CRITERIA	INDICATIVE EVIDENCE
3.1 A coherent educational philosophy informs the program of study design and delivery.	<ul style="list-style-type: none">• Statement of overall education philosophy curriculum design and learning outcomes for the program of study.• The program of study title includes the word 'Physiotherapy'.• Sample student time table for each year to show sequencing of the units of instruction and clinical placements.
3.2 Program learning outcomes address all the relevant attributes and competencies. ¹	<ul style="list-style-type: none">• Curriculum mapping including alignment of unit of instruction learning outcomes to the

¹ For entry-level programs refer to the current Physiotherapy Practice Thresholds and the Code of Conduct for registered health professionals.

	<i>Physiotherapy Practice Threshold key competencies and foundational abilities.</i>
3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to practise across the lifespan in a range of environments and settings.	<ul style="list-style-type: none"> • <i>De-identified summary table of the clinical placements completed by each student demonstrating experience across acute, rehabilitation and community practice in a range of environments and settings across the lifespan. For new programs detailed planned clinical placements.</i> • <i>Examples of quality assurance processes to evaluate placements.</i> • <i>Examples of mechanisms the students use to record their clinical placements and how the education provider reviews and uses this information.</i>
3.4 Learning and teaching methods are intentionally designed and used to ensure students achieve the required learning outcomes.	<ul style="list-style-type: none"> • <i>Unit of instruction outlines that are made available to students and detail how the unit is structured and enacted at each stage.</i> • <i>Examples of how topics within the curriculum are integrated both horizontally and vertically.</i>
3.5 Graduates are competent in research literacy for the level and type of the program.	<ul style="list-style-type: none"> • <i>Examples of where research literacy is covered in the program of study.</i>
3.6 Principles of inter-professional learning and practice are embedded in the curriculum.	<ul style="list-style-type: none"> • <i>Examples of how students interact with other health profession students and/or other health professionals through the program of study.</i>
3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	<ul style="list-style-type: none"> • <i>Academic staffing profile including professional qualifications, registration status, engagement with the profession/research and teaching and supervision responsibilities.</i> • <i>Site visit – interviews with academic staff.</i>
3.8 Appropriately qualified technical and laboratory staff support classes.	<ul style="list-style-type: none"> • <i>Professional and support staffing profile.</i>
3.9 Learning environments support the achievement of the required learning outcomes.	<ul style="list-style-type: none"> • <i>Report on learning environments, facilities, equipment and resources available to deliver the program of study.</i> • <i>Site visit – meeting with senior management to verify commitment of support for the program.</i> • <i>Site visit – interviews with academic staff.</i>
3.10 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	<ul style="list-style-type: none"> • <i>Documented processes for maintenance, renewal and access to equipment and facilities.</i> • <i>Site visit - tour of facilities.</i>
3.11 Cultural competence is integrated within the program and clearly articulated as required disciplinary learning outcomes, this includes Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> • <i>Examples of learning and assessment, and teaching materials from across the program of study demonstrating the integration of cultural competence.</i>
3.12 The physiotherapy program has the resources to sustain the quality of education that is required to ensure the achievement of the necessary attributes and competencies.	<ul style="list-style-type: none"> • <i>Report on strategic direction for the program of study.</i> • <i>Site visit – meeting with senior management to verify commitment of support for the program of study.</i>

3.13 The physiotherapy program design complies with the Australian Qualifications Framework (AQF) or equivalent national framework.

- Evidence of the education provider's internal course approval processes.
- The volume of learning is appropriate for the level of the program of study.

DOMAIN 4 – THE STUDENT EXPERIENCE

Standard Statement 4 – Students are provided with equitable and timely access to information and support

CRITERIA	INDICATIVE EVIDENCE
4.1 Program information is clear and accessible.	<ul style="list-style-type: none"> • Program of study information provided to prospective and enrolled students, (link to website).
4.2 Admission and progression requirements and processes are fair and transparent.	<ul style="list-style-type: none"> • Admission and progression policies and procedures.
4.3 Students have access to effective grievance and appeals processes.	<ul style="list-style-type: none"> • Grievance and appeals policy and procedures. • Site visit interviews with cross section of students.
4.4 The provider identifies and provides support to meet the academic learning needs of students.	<ul style="list-style-type: none"> • Details of the academic learning needs support services available to students. • Site visit - interviews with cross section of students undertaking the program of study.
4.5 Students are informed of and have access to personal support services provided by qualified personnel.	<ul style="list-style-type: none"> • Details of the personal support services available to students. • Site visit - interviews with cross section of students undertaking the program of study.
4.6 Students are represented within the deliberative and decision-making processes for the program.	<ul style="list-style-type: none"> • Evidence of student representation within the management of the program of study. • Site visit - interviews with cross section of students undertaking the program of study.
4.7 Equity and diversity principles are observed and promoted in the student experience.	<ul style="list-style-type: none"> • Policies and procedures on equity and diversity with examples of implementation and monitoring. • Site visit - interviews with cross section of students undertaking the program of study.
4.8 There is specific consideration given to the recruitment, admission, participation and the completion of program of study by Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> • Report on the program of study's recruitment, admission, participation and completion of Aboriginal and Torres Strait Islander peoples.

DOMAIN 5 ASSESSMENT

Standard Statement 5 – Assessment is fair, valid and reliable

CRITERIA	INDICATIVE EVIDENCE
5.1 There is a clear relationship between learning outcomes and assessment strategies.	<ul style="list-style-type: none">• Assessment policies and procedures.• Unit of instruction outlines that are made available to students and detail how the unit is structured and enacted at each stage.
5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies.	<ul style="list-style-type: none">• Assessment blueprint/matrix which details assessment methods and weightings and demonstrates alignment of assessment to unit of instruction learning outcomes.
5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	<ul style="list-style-type: none">• Assessment blueprint/matrix which details assessment methods and weightings and demonstrates alignment of assessment to unit of instruction learning outcomes.
5.4 Program management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students.	<ul style="list-style-type: none">• Policies on and examples of assessment moderation.• Site visit – interviews with academic staff.• Site visit – interviews with students undertaking the program of study.
5.5 Suitably qualified and experienced physiotherapists undertake the assessment of physiotherapy specific competence.	<ul style="list-style-type: none">• Academic staffing profile including professional qualifications, registration status and teaching and supervision responsibilities.
5.6 All learning outcomes are mapped to the required attributes and competencies and assessed.	<ul style="list-style-type: none">• Assessment blueprint/matrix which details assessment methods and weightings and demonstrates alignment of assessment to unit of instruction learning outcomes.

2.2 Site Visits

A site visit is conducted as part of the accreditation or re-accreditation process or may be required as follow up on conditions of accreditation. The duration of the site visit is usually two days, but may vary according to the number of campuses, number of programs and complexity of matters to be addressed.

A site visit will typically cover:

- Verification of evidence provided in the application.
- Evaluation of aspects of the program that are not able to be assessed adequately from the written application, e.g. physical spaces, resources and equipment.
- Conducting interviews with a sample of clinical education providers to verify student experience and capacity for placements.
- Conducting interviews with senior education provider and academic unit staff to verify program design, delivery and resourcing.
- Conducting interviews with students and /or graduates for the purpose of determining satisfaction with the educational program (not first site visit).
- Meeting with members of the external advisory group to verify quality assurance and industry advice.

The site visit schedule will be developed in consultation with the Head of the Academic Unit. For a new program, a site visit will usually be conducted nine months before the year of commencement of the first cohort. An indicative site visit schedule is provided in Table 3.

Table 3 — Indicative Site Visit Schedule

DAY I Time	Activity	
8.45-9.00	Arrival and set-up	
9.00-9.45	Meeting with Senior Executive members	<p>(5 min) Host Welcome & Introductions, Acknowledgement of Traditional Custodians</p> <p>(10 min) Panel Chair Brief overview of purpose and process for the site visit as part of the accreditation process required under the National Law.</p> <p>(30 min) Senior Executive Team Discussion and confirmation of the strategic direction for the program confirmation of commitment to resourcing.</p>
9.45-10.45	Meeting with Head of Physiotherapy and quality assurance staff	<p>(60 min) Academic Governance & Public Safety (Domains 1 & 2)</p> <ul style="list-style-type: none"> • systems of monitoring and review • quality improvement processes • external input to the program • compliance with requirements of the Health Practitioner Regulation National Law Act. (Student Registration, Mandatory Notifications)
10.45-11.00	Break (15 min) morning tea - panel only	
11.00 - 12.30	Meeting with Head of Physiotherapy and subject/unit Coordinators	<p>(90 min) Curriculum and Assessment (Domains 3 & 5)</p> <ul style="list-style-type: none"> • Overview of educational philosophy and design of the program • Learning outcomes and assessment address Physiotherapy Practice Thresholds and graduate attributes • Learning environment and teaching methods • Learning and teaching methods including inter-professional learning • Integration of cultural competence in the curriculum, and specifically in relation to Aboriginal and Torres Strait Islander peoples. • Development of student research literacy • Program assessment strategy • Range of assessment methods • Moderation of assessment

12.30-1.30	Lunch	(60 min) working lunch - panel only
1.30-2.30	Meeting with a cross section of staff for the program	<p>(60 min) – Appropriate Staffing (Domain 3)</p> <ul style="list-style-type: none"> • Teaching staff suitably qualified and experienced • Workload model • Support for professional development • Support staff: technical, laboratory, teaching and learning, administrative
2.30-3.30	Guided tour of the program facilities	<p>(60 min) - Brief tour of facilities (Domain 3)</p> <ul style="list-style-type: none"> • Facilities and equipment support the achievement of learning outcomes • Specialist teaching spaces and key equipment, laboratories, simulation, clinics etc. • General teaching spaces • Resources to sustain the quality of education required • Student support areas including library, computer labs etc.
3.30-3.45	Break	(15 min) afternoon tea - panel only
3.45-4.45	Meeting with Head of Physiotherapy and Clinical Education Manager	<p>(60 min) Clinical Education and Public Safety (Domains 1 & 3)</p> <ul style="list-style-type: none"> • Clinical education model • Students achieve relevant competencies before providing supervised care • Student registration with AHPRA • Students supervised by suitably qualified clinical educators • Quality and quantity of clinical placements across the lifespan and in a range of environments and settings • Education provider support for clinical educators • Monitoring process for students on placement • Monitoring of placement providers
4.45-5.00	Short break	(15 min)
5.00 - 5.45	Meeting with representatives from the Physiotherapy program External Advisory Committee	<p>(45 min) External Input to Program of Study (Domains 2 & 3)</p> <p>Specifically addressing outcomes associated with the role of the program's external advisory panel</p>

Day 2	Activity	
9.00-12.00	<p>Clinical education site visits</p> <p>The panel will split up to visit 6 sites (2 each)</p> <p>If regional sites used please include a teleconference with a regional provider.</p>	<p>(180 min) Clinical Education Sites (Domains 1 & 3)</p> <p>Visits to key clinical education sites, specifically addressing:</p> <ul style="list-style-type: none"> • Education provider engagement with clinical sites (i.e., support, professional development of clinical educators, assessment, resourcing etc.) • Alignment of placements with the curriculum • Student engagement with placements (e.g., preparedness, support, facilities etc.) • Experience of physiotherapy graduates from the program (re-accreditation)
12-12.30	Travel back to campus	
12.30-1.30	Lunch	(60 min) working lunch - Panel only
1.30-2.30	Student Experience (re-accreditation)	<p>(60 Min) Student Experience (Domains 3, 4 & 5)</p> <ul style="list-style-type: none"> • Program information is clear and accessible • Academic program – teaching, assessment and clinical education placements • Access to facilities • Access to support services • Access to effective grievance and appeals processes • Student representation
2.30- 4.00	Panel Discussion and report writing	<p>(90 min)</p> <p>Discussion and drafting panel report</p>
4.00-4.30	Debrief with Provider	<p>(30 min) Debrief</p> <p>General feedback and confirmation of next stages of the process</p>

The Council will consult with the Head of the Academic Unit and the Panel Chair regarding dates for the site visit and will establish whether the education provider will make the necessary travel/accommodation arrangements, or whether the Council will take responsibility for this and invoice the provider on a cost-recovery basis.

Following an initial review of the application, the Council will provide the Head of the Academic Unit with the matters to be addressed and a proposed site visit schedule. Site visits are usually conducted during academic semester to enable meetings with students and staff.

2.3 Accreditation fees

Fees are payable for accreditation of programs. Fees are reviewed annually by the Directors and published at www.physiocouncil.com.au.

For a commencing program an initial application fee will be levied plus cost recovery of site visit expenses. The accreditation fee must accompany the accreditation application, site visit costs will be invoiced after the visit.

Education providers with accredited/accredited with conditions programs will be invoiced annually in July as per the published fee schedule. A fee is payable per program/per site, with a discount for additional sites or additional programs at the same site. No additional fee will be incurred for re-accreditation however, the education provider is required to cover the site visit costs, which include panel member airfares, transportation, accommodation (including internet) and meals. The cost of a site visit will include recovery of panel member wages, as well as expenses.

3. MONITORING OF ACCREDITED PROGRAMS

Section 50 of the National Law requires the Accreditation authority to monitor approved programs of study and the education provider to ensure that it continues to meet the Accreditation Standard. An accredited program (with or without Conditions) is required to complete an Annual Report to the Council. Where an education provider has multiple programs, such as an undergraduate and a graduate entry program, reporting is required for each program. Where there are multiple campuses, education providers must report on campus specific information.

3.1 Annual Report

- Education providers are required to report annually to the Council. The Annual Report will include:
 - Student enrolment data
 - Detailed evidence of clinical education placements
 - Changes to academic staffing
 - Progress work on any existing conditions on accreditation
 - Identification of a major change(s)
 - Other reporting that may be identified by the Council as part of audit procedures.

For accredited programs without conditions, the Chair of the Accreditation Panel will complete an assessment of the Annual Report submission. Where a Condition(s) is in place, two academic panel members will review the report to determine progress against the Condition(s) and complete an assessment of the Annual Report submission.

The outcome of the Annual Report assessment is reported to the Board of Directors. Any outcome that impacts the accreditation status of the program will be identified in a Decision Statement.

The accreditation outcome for a program following an Annual Report will be one of the following:

- Accreditation - the accreditation status of the program remains unchanged, or a condition(s) has been met that enables the program to achieve Accreditation; or
- Accreditation with Conditions – the accreditation status remains unchanged, or a condition(s) is imposed on Accreditation, as an assessment has been made that criteria are only substantially met; or

- Accreditation Revoked – the program no longer meets or substantially meets the accreditation standard, and it is not expected the program can meet the standard in a reasonable period of time.

Where the decision of the Board of Directors alters the accreditation status of a program, a notification will be provided to the PhysioBA, including the rationale to the decision. On receipt of the outcome from the PhysioBA as to the Approved Program of Study status of the program, the education provider will be notified, and forwarded a copy of the Annual Report outcome.

Where a decision is made to revoke the accreditation of a program, the education provider will be notified in writing. The letter will be accompanied by a report, which includes the evidence applied to determine that the program no longer meets, or is unable to meet in a reasonable time, the Accreditation Standards.

Outcomes of the Annual Report process will be reported to the Board of Directors and PhysioBA.

3.2 Material Change

The education provider must notify the Council as soon as it becomes aware of actual or planned changes to an accredited program that are outside the usual evolution due to quality improvement initiatives, so that the impact on the ongoing compliance of the program with the Accreditation Standard can be assessed.

An assessment of the reported change(s) will be undertaken based on the evidence presented and the Council will determine the likely impact on compliance with the Accreditation Standard.

Determination of a material change will normally require a full application for accreditation with associated fees.

A material change is a change that will or may significantly affect the way the education provider meets the requirements of the Accreditation Standard. Material changes may include but are not limited to:

a) **Increase in projected student numbers:**

- i.e. an increase in student enrolments by 25% or 30 students, whichever is lesser.

Increasing student numbers may significantly impact the resources available to deliver the program within both academic and clinical education settings and affect the student experience. This is likely to impact how a program continues to meet the accreditation standard across a range of areas, including: the availability of appropriate, experienced staff to support teaching and learning; the provision of sufficient resources to support learners and their progression; and the availability of suitable clinical placements and supervisors to support the development of professional practice.

b) **Changes to resources and infrastructure including:**

- Changes to academic staff that may adversely affect the provider's capacity to deliver the program(s).
- Changes to education provider funding models or financial position that may adversely affect the provider's capacity to deliver a quality physiotherapy program.
- Organisational changes that may have a detrimental impact on governance, quality improvement, and staffing.
- Changes to educational facilities that may adversely affect the provider's capacity to deliver the program(s).

- Changes to program delivery such as, but not limited to: change of site or addition of new sites (including offshore) (includes additions and withdrawals); contracting with another organisation to deliver a significant proportion of a program or services (i.e. third party provider).
- Changes to the legal status of the corporate entity of the education provider.
- Any incident or circumstance, which could affect the education provider's integrity or capacity to conduct its business or deliver the program.

c) **Changes to program attributes including:**

- Addition of, or change to, the Australian Qualifications Framework award level.
- Change to the program duration.

d) **Changes to curriculum including:**

- Significant variation to the currently accredited curriculum with respect to course structure, units, learning outcomes, content, or delivery methods.
- Significant changes to the clinical education program model or level of support from clinical education partners.

4. CONFLICT OF INTEREST

The education provider is given an opportunity to comment on the proposed membership of an accreditation panel and may query the composition where the provider believes a proposed member has a bias or conflict of interest that could cast doubt on their capacity to objectively evaluate a program. The Council will revise the composition of a panel where such claims are substantiated. Actual or potential conflicts of interest that may arise for Accreditation Committee members and members of the Council Board during the accreditation process are managed according to the Council's Conflict of Interest Policy.

5. CONFIDENTIALITY

The accreditation process is confidential to the participants. In order to undertake their accreditation role, the Council requires detailed information from education providers. This typically includes sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information. The Council require members of accreditation panels, members of the Accreditation Committee, Council members and staff to keep confidential all material provided to the Council by education providers for the purpose of accreditation of their programs. Information collected is used only for the purpose for which it is obtained.

6. COMPLAINTS AND APPEALS AGAINST DECISIONS

6.1 Policy

The Australian Physiotherapy Council Limited is required by section 48(4) of the National Law to have a process for internal review of certain accreditation decisions.

An education provider has thirty (30) days to seek a review of an accreditation decision, including the outcome from an Annual Report.

There are two grounds for an application to review a decision:

The manner in which the accreditation process was conducted was procedurally unfair. This may include, but is not limited to, matters such as the sequence and timing of the accreditation process, the process of review and evaluation of documentation and the conduct of the site visit.

or

The decision of the Directors was unjustified or patently unreasonable in the circumstances, i.e. that the decision was not supported by substantial evidence on the record or that the decision was made on capricious or arbitrary grounds and not the application of objective standards.

6.2 Procedure

The education provider is required to:

- Lodge the appeal with the CEO of the Australian Physiotherapy Council Limited in writing within thirty (30) days of the date of the Council letter advising the education provider of the accreditation decision; and
- Pay the scheduled fee to meet the cost of the review at the time of lodgement of the appeal. The fee will be refunded in part or full if the outcome of the review is in favour of the education provider; and
- Clearly state the grounds for seeking a review of the decision supported by evidence. The onus is on the education provider to provide such evidence.

Upon receipt of an application for an internal review of the decision, the Council CEO will acknowledge receipt of the application and establish an Internal Review Panel comprising of three members:

- A nominee of the Australian Physiotherapy Association
- A nominee of the Council of Physiotherapy Deans, Australia and New Zealand; and
- A person nominated by the Board of Directors with experience in investigation of complaints, who is not a physiotherapist.

The nominees must be familiar with accreditation processes, and must not have been involved in the accreditation of the program that is the subject of the review, nor have any perceived or actual conflict with the education provider or its personnel, in accordance with procedural fairness. This panel must be convened within thirty (30) days of the receipt of the appeal.

The Internal Review Panel will limit its scope to the grounds stated by the education provider in the application for review of the decision.

The Internal Review Panel shall be provided with the documentation lodged by the education provider, a copy of the accreditation decision letter, the Executive Summary and Accreditation Report, and any other documentation from the record of accreditation process, as requested. Although the Internal Review Panel will predominantly make its decision based on documentary material, it has the discretion to make any such inquiries as it deems necessary to inform deliberations before coming to its conclusion.

The Internal Review Panel is entitled to obtain independent legal advice if a question of law arises during the review. The Australian Physiotherapy Council Limited is responsible for the cost of its independent legal advice.

The outcome of the review by the Internal Review Panel should be notified to the education provider no later than ninety (90) days from date of lodgement of the appeal with the Council. A statement clearly outlining the reason for the decision of the Internal Review Panel will be provided.

The decision of the Internal Review Panel is taken to be the decision of the Board of Directors and supersedes any prior decision made by the Board of Directors. The decision by the Internal Review Panel is final.

The Council CEO will provide a notification of outcome to the: Education provider, Board of Directors; and Physiotherapy Board of Australia.

GLOSSARY OF TERMS

Academic staff - all teaching and research staff in a program and includes tenures, contract and sessional teaching staff.

Academic unit - the physiotherapy academic unit, school, department or other separately identifiable academic entity within the education provider organisational structure that defines the physiotherapy operational unit.

Accreditation - process that an education provider is required to undertake to become an accredited program of study. The Australian Physiotherapy Council Limited has entered a formal agreement with AHPRA as the Accrediting Authority for physiotherapy in Australia.

Accreditation Committee - appointed by the Australian Physiotherapy Council Limited, the committee has responsibility to develop, monitor and report on the implementation of accreditation processes.

Accreditation Panel - primary function is the analysis and evaluation of the physiotherapy program against the Accreditation Standard.

Accreditation Panel Report - panel assessment of the evidence provided against the accreditation standard. The Australian Physiotherapy Council Limited determines the accreditation decision based on the findings of the Accreditation Panel report.

Accreditation Standard - the standard against which a program is evaluated to determine its accreditation status. The Physiotherapy Board of Australia approves the Accreditation Standard.

AHPRA - Australian Health Practitioner Regulation Agency

APA - Australian Physiotherapy Association

AQF - Australian Qualifications Framework

Clinical educator - also known as clinical supervisor or clinical tutor. Is usually a physiotherapist with the responsibility for the clinical education of physiotherapy students, as designated by the education provider or clinical facility.

Clinical placement - clinical education that enables each student to develop, consolidate and expand their knowledge and skills across a range of learning opportunities in the key areas of physiotherapy, demonstrating experience across acute, rehabilitation and community practice in a range of environments and settings across the lifespan

Condition - a mandatory reporting obligation imposed on an accredited program to be addressed in a set time frame to enable a criterion of accreditation to be met.

Directors - Board of Directors of the Australian Physiotherapy Council Limited.

Education provider - the academic institution governing the operation of the academic unit delivering the program of study.

Lifespan - age groups from infants through to adolescents, from adults through to older persons.

Material change - is a change that will or may significantly affect the way the education provider meets the requirements of the Accreditation Standard.

National Law - The Health Practitioner Regulation National Law Act 2009.

PhysioBA - Physiotherapy Board of Australia

Program of study - a set of courses, subjects or units of study (as defined by the education provider) that forms the requirements for award of the degree.

TEQSA - Tertiary Education Quality and Standards Agency

Thresholds - Bi-national Physiotherapy practice thresholds in Australia and Aotearoa New Zealand describe the threshold competence required for initial and continuing registration as a physiotherapist in both Australia and Aotearoa New Zealand.

Unit of instruction - a subject, course or identifiable component of a program, with discreet learning outcomes and credit points.