




# Accreditation Policy and Procedures

**Owner:** Australian Osteopathic Accreditation Council

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<b>Name of the Policy</b>	Accreditation Policy and Procedures
<b>Policy Number</b>	
<b>Description of Policy</b>	The Accreditation Policy and Procedures outlines the procedures and processes associated with the accreditation of osteopathy education programs that lead to eligibility for registration with the Osteopathy Board of Australia.
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<b>Responsible Officer</b>	Chair of the Accreditation Committee	
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<b>Approved by</b>	Dr Gopi McLeod PhD AOAC Board	Date: 23 July 2021
<b>Signed</b>		

<b>Related Documents</b>	
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# Definitions

As defined in Section 5 of *Health Practitioner Regulation National Law Act 2009* (National Law)

**Accreditation authority means—**

- a. an external accreditation entity; or
- b. an accreditation committee

**Accreditation expiry date—**

The date the program ceases to be accredited for the purpose of enrolling new students. Accreditation expiry dates are stipulated by AOAC and are based on when the program is published on the Osteopathy Board of Australia's Approved Program of Study list.

**Accreditation standard**, for a health profession, means a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills, and professional attributes necessary to practise the profession in Australia.

**Approved accreditation standard under the National Law** means an accreditation standard that is:

- a. approved by a National Board under section 47(3); and
- b. published on the Board's website under section 47(6).

**Accredited program of study** means a program of study accredited under section 48 by an accreditation authority.

**Approved program of study**, for a health profession or for endorsement of registration in a health profession, means an accredited program of study that is:

- a. approved under section 49(1) by the National Board established for the health profession; and
- b. included in the list published by the National Agency under section 49(5).

**Approved qualification—**

- for a health profession, means a qualification obtained by completing an approved program of study for the profession; and
- for endorsement of registration in a health profession, means a qualification obtained by completing an approved program of study relevant to the endorsement.

**COAG Agreement** means the agreement for a national registration and accreditation scheme for health professions, made on 26 March 2008 between the Commonwealth, the States, the Australian Capital Territory, and the Northern Territory.

**Education provider means—**

- a. a university; or
- b. a TEQSA approved higher education provider
- c. a specialist medical college or other health profession college.

**National Board** means a National Health Practitioner Board continued or established by regulations made under section 231 of the National Law

**National registration and accreditation scheme** means the scheme—

- a. referred to in the COAG Agreement; and
- b. established by Law.

**External accreditation entity** means an entity, other than a committee established by a National Board, that exercises an accreditation function.

**Program of study** means a program of study provided by an education provider.

**Student** means a person whose name is entered in a student register as being currently registered as a student under the National Law.

# Purpose of the Accreditation Policy and Procedures

The purpose of the Accreditation Policy and Procedures (the Policy and Procedures) is to communicate how AOAC meets its obligations under the National Law as implemented in each state and territory and to outline the policies and procedures associated with the accreditation of osteopathy programs of study that lead to eligibility to apply for registration with the Osteopathy Board of Australia (OsteoBA). The Accreditation Policy and Procedures is endorsed by the AOAC Board for the information of osteopathy education providers and stakeholders.

The principles of these policies and procedures have been informed by national and international best practice accreditation models for health practitioner education.

# Australian Osteopathic Accreditation Council

This section outlines accreditation functions under the National Law and communicates how AOAC meets its obligations to accredit and monitor programs of study and education providers as delegated by the OsteoBA.

In accordance with Section 43 of the *Health Practitioner Regulation National Law Act 2009* (the National Law) the National Board established for a health profession must decide whether an accreditation function for the health profession for which the Board is established is to be exercised by –

- a. an external accreditation entity; or
- b. a committee established by the Board.

The Australian Osteopathic Accreditation Council (AOAC) has been appointed as the external accreditation entity by the Australian Health Practitioner Regulation Agency (Ahpra) in consultation with the OsteoBA.

AOAC's accreditation functions are set out in the Health Practitioner Regulation National Law (the National Law), which is the legislative instrument used to implement the National Registration and Accreditation Scheme.

## 1.1 Legislative framework

### 1.1.1 Health Practitioner Regulation National Law

1. The object of this Law is to establish a National Registration and Accreditation Scheme for:
  - a. the regulation of health practitioners; and
  - b. the registration of students undertaking
    - i. programs of study that provide a qualification for registration in a health profession; or
    - ii. clinical training in a health profession.
2. The objectives of the National Registration and Accreditation Scheme are:
  - a. to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
  - b. to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
  - c. to facilitate the provision of high-quality education and training of health practitioner; and
  - d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
  - e. to facilitate access to services provided by health practitioners in accordance with the public interest; and
  - f. to enable the continuous development of a flexible, responsive, and sustainable Australian healthworkforce and to enable innovation in the education of, and service delivery by, health practitioners.
3. The guiding principles of the National Registration and Accreditation Scheme are that:
  - a. the scheme is to operate in a transparent, accountable, efficient, effective, and fair way.
  - b. fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme.
  - c. restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.



### 1.1.2 Accreditation functions

In accordance with Section 42 accreditation function means—

- a. developing accreditation standards for approval by a National Board; or
- b. assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards; or
- c. assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, 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 the profession in Australia; or
- d. overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration in a health profession under this Law and whose qualifications are not approved qualifications for the health profession; or
- e. making recommendations and giving advice to a National Board about a matter referred to in paragraph (a), (b), (c) or (d).

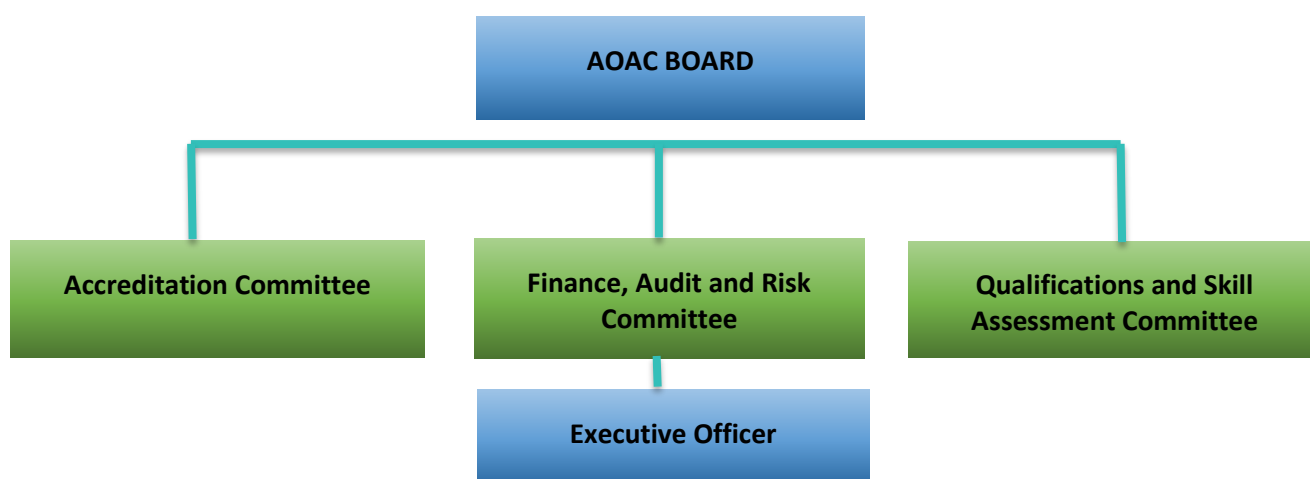
AOAC is not responsible for assessing authorities in other countries (c) or assessing overseas qualified practitioners seeking registration in the professions (d) under the National Law.

## 1.2 Delegations and decisions

The AOAC Board is the governing committee of the company and is established in accordance with and governed by the provisions of our [Constitution](#). The AOAC Board is responsible for the management and good governance of the organisation.

AOAC's governance and organisational structure are shown in Figure 1.

Figure 1 AOAC Governance Structure



### 1.2.1 Delegations

The AOAC Board is responsible for approving all matters relative to the Accreditation functions as approved by the Osteopathy Board of Australia. The Accreditation Committee is a Committee of the Board that is delegated to review and manage the accreditation functions prior to approval by the AOAC Board. Table 1 demonstrates the decision and authority of the AOAC Board for accreditation functions of osteopathic education programs in Australia.

**Table 1: Accreditation decisions and authority holder**

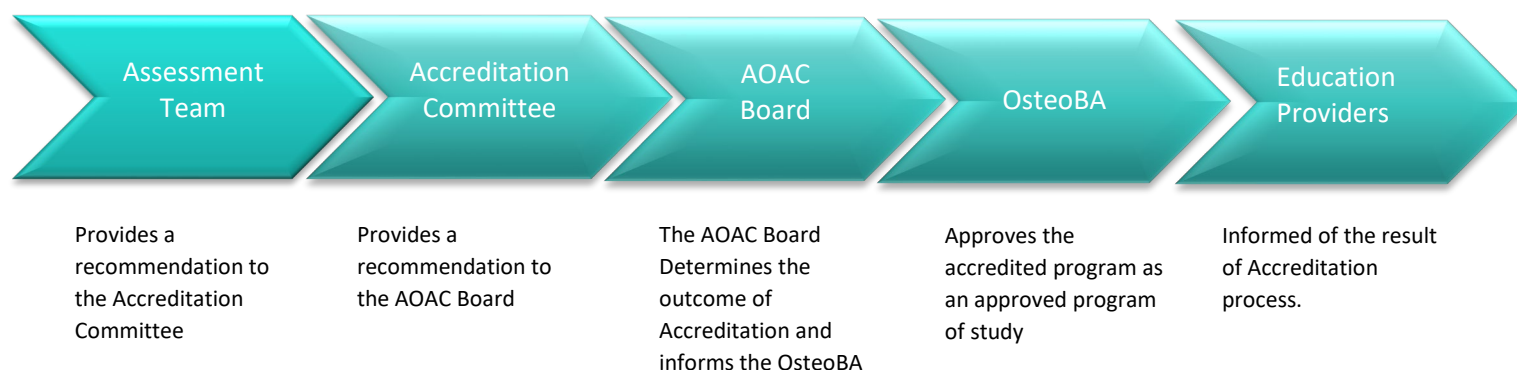
ACCREDITATION	AUTHORITY
Accreditation of program or change to program with, or without, conditions	AOAC Board
Refusal of accreditation or change to program	AOAC Board
Accept change to program where committee review is not required	AOAC Board
Approve prolongation of accreditation of program expiry date in accordance with the AOAC.	AOAC Board
Domestic and standard pathway for qualification and skill assessment	AOAC Board

### 1.2.2 Decisions

In accordance with section 48 of the National Law, AOAC assesses programs of study and the education providers that provide the programs of study, to determine whether entry to practice osteopathy programs of study meet the relevant approved accreditation standards.

1. An accreditation authority for a health profession may accredit a program of study if, after assessing the program, the authority is reasonably satisfied that:
  - 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.
2. If the accreditation authority decides to accredit a program of study, with or without conditions, it must give to the National Board established for the health profession a report about the authority's accreditation of the program.
3. If the accreditation authority decides to refuse to accredit a program of study, it must give written notice of the decision to the education provider that provides the program of study.
4. The notice must state—
  - a. the reasons for the decision; and
  - b. that, within 30 days after receiving the notice, the education provider may apply to the accreditation authority for an internal review of the decision: and
  - c. how the education provider may apply for the review.
5. An education provider given a notice under subsection (3) may apply, as stated in the notice, for an internal review of the accreditation authority's decision to refuse to accredit the program of study.
6. The internal review must not be carried out by a person who assessed the program of study for the accreditation authority.

In accordance with section 49 of the National Law, AOAC's accreditation decision is reported to the Osteopathy Board of Australia and the Osteopathy Board of Australia is responsible for approving the programs of study.

**Figure 2: Flow chart for accreditation recommendations and decisions**

## 1.3 Development of accreditation standards

In accordance with Section 46 of the National Law, AOAC has been appointed to develop accreditation standards for the osteopathy profession.

Accreditation standards undergo a cyclical review to ensure they are contemporary and aligned with Australian and international best practice for health professional education.

In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.

### 1.3.1 Approval of accreditation standards

The accreditation standards are approved by the Osteopathy Board of Australia in accordance with Section 47 of the National Law.

1. An accreditation authority must, as soon as practicable after developing an accreditation standard for a health profession submit it to the National Board established for the health profession.
2. As soon as practicable after a National Board receives an accreditation standard under subsection (1), the Board must decide to—
  - a. approve the accreditation standard; or
  - b. refuse to approve the accreditation standard; or
  - c. ask the accreditation authority to review the standard.
3. If the National Board decides to approve the accreditation standard it must give written notice of the approval to—
  - a. the National Agency; and
  - b. the accreditation authority that submitted the standard to the Board.
4. If the National Board decides to refuse to approve the accreditation standard—
  - a. the Board must give written notice of the refusal, including the reasons for the refusal, to the accreditation authority that submitted the standard; and
  - b. the accreditation authority is entitled to publish any information or advice it gave the Board about the standard.
5. If the National Board decides to ask the accreditation authority to review the standard it must give the authority a written notice that:
  - a. states that the authority is being asked to review the standard; and
  - b. identifies the matters the authority is to address before again submitting the standard to the Board.
6. An accreditation standard approved by a National Board must be published on its website.
7. An accreditation standard takes effect—

- a. on the day it is published on the National Board's website; or
- b. if a later day is stated in the standard, on that day.

## **1.4 Accreditation authority to monitor approved programs of study**

In accordance with section 50 of the National Law, AOAC is required to monitor all approved programs of study to ensure the program and provider continue to meet the relevant approved accreditation standard for osteopathy. AOAC is required to notify the OsteoBA if an approved program of study and education provider no longer meet an approved accreditation standard.

1. The accreditation authority that accredited an approved program of study must monitor the program and the education provider that provides the program to ensure the authority continues to be satisfied the program and provider meet an approved accreditation standard for the health profession.
2. If the accreditation authority reasonably believes the program of study and education provider no longer meet an approved accreditation standard for the health profession, the accreditation authority must:
  - a. decide to—
    - i. impose the conditions on the accreditation that the accreditation authority considers necessary to ensure the program of study will meet the standard within a reasonable time; or
    - ii. revoke the accreditation of the program of study; and
  - b. give the National Board that approved the accredited program of study written notice of the accreditation authority's decision.

### **1.4.1 Changes to approval of program of study**

In accordance with section 51 Changes to approval of program of study means –

1. If a National Board is given notice under section 50(2)(b) that an accreditation authority has revoked the accreditation of a program of study approved by the Board, the Board's approval of the program is taken to have been cancelled at the same time the accreditation was revoked.
2. If a National Board reasonably believes, because of a notice given to the Board under section 50(2)(b) or for any other reason, that an accredited program of study approved by the Board no longer provides a qualification for the purposes of registration in a health profession for which the Board is established, the Board may decide to:
  - a. impose the conditions the Board considers necessary or desirable on the approval of the accredited program of study to ensure the program provides a qualification for the purposes of registration; or
  - b. cancel its approval of the accredited program of study.
3. If a National Board makes a decision under subsection (2), it must give written notice of the decision, including the reasons for the decision, to the accreditation authority that accredited the program.

## 2 Accreditation procedures

This section provides an overview of the accreditation processes including phases, monitoring, fees, and complaints management. The aim of the accreditation process is not just quality assurance but also to support continuous quality improvement of professional education and training to respond to evolving community need and professional practice.

### 2.1 Registration as an education provider

Education providers must provide evidence of their current higher education with the Tertiary Education Quality and Standards Agency (TEQSA). The education provider must notify AOAC immediately if their accreditation status changes, has conditions applied or is under investigation from the TEQSA regulator.

### 2.2 Accreditation process

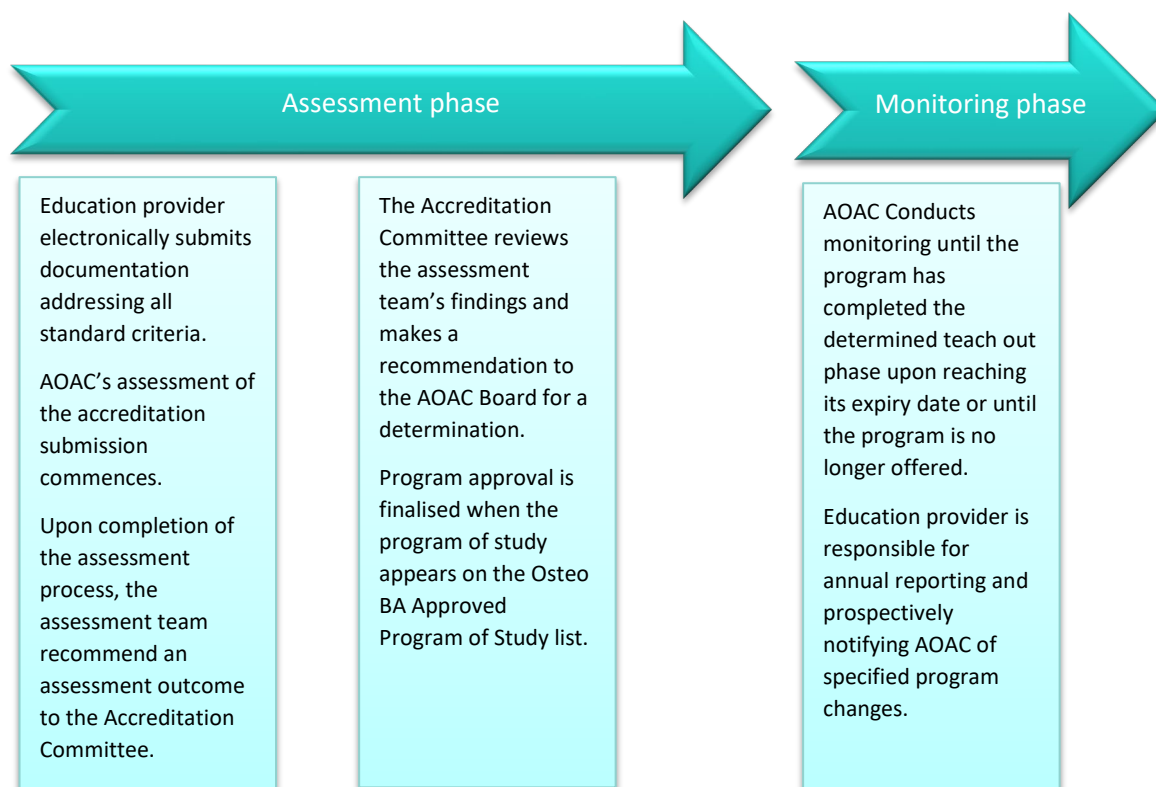
Prior to the commencement of the accreditation process an education provider is required to send AOAC a notification of their intention to apply for accreditation of a program of study. Education providers are then provided with access to an application pack and suite of templates.

There are two accreditation phases:

**Assessment phase:** The AOAC assessment timeline begins with the submission of the completed application pack, templates, all supporting evidence and fee payment. The education provider is required to address *all* criteria and submit *all* associated supporting evidence, including completed AOAC templates. This phase includes a site visit and several cycles of evidence that are assessed by the assessment team to determine whether each criterion is met. Invoiced fees must be paid prior to the assessment phase.

The assessment team provides a recommendation on the outcome of accreditation assessment to the Accreditation Committee, and, after their review, the Accreditation Committee provides a recommendation to the EO who will then advise the AOAC Board. The AOAC Board will make a recommendation to the OsteoBA for their final determination. The assessment phase is complete when the program is approved by and listed on the OsteoBA Approved Program of Study list (APoS).

**Monitoring phase:** Ongoing monitoring for the duration of the program continues until the program has completed the determined teach-out or transition arrangements upon reaching its expiry date or until the program is no longer offered. Routine monitoring is applied to all programs, targeted and ad-hoc monitoring may be applied to any program. Prospective and retrospective notification of program changes are included in program monitoring.

**Figure 3: AOAC accreditation phases**

AOAC considers each program submission as a new accreditation and therefore, does not re-accredit programs. Accreditation Standards are cyclically reviewed, and program accreditations must meet these standards. They must also implement teaching and learning that reflects contemporary practices in osteopathy, health and education, and responds to emerging trends based on research, technology and other forms of evidence.

An education provider *must not commence* a program until the program is approved by and listed on the OsteoBA Approved Programs of Study (APoS) list. Prospective program changes *must not commence* before AOAC has accepted the change and, if required, until the change has been listed on the APoS list. For example, teaching from a new campus must not start until the campus is added to the APoS list. Retrospective accreditation is not possible.

## 2.3 Accreditation timeframe

The process of accreditation, which commences with the Assessment phase, usually takes about 6 months depending on the complexity and quality of the submission and responsiveness of the education provider. Timeframes are managed by negotiating key dates with the education provider. The education provider is solely responsible for providing requested evidence within the negotiated timelines.

AOAC makes decisions to accredit programs of study and accepts changes to approved programs. These decisions are then progressed to the OsteoBA for an approval decision. The process for OsteoBA approval is in addition to the 6-month AOAC timeline.

## Accreditation services secretariat

### 2.3.1 AOAC Secretariat

AOAC secretariat are responsible for:

- communication with education providers,
- management of committee meetings,
- formation of assessment teams,
- travel and accommodation arrangements,
- correspondence regarding accreditation decisions, invoices, and certificates, and
- accreditation projects.

## 2.4 Assessment teams

Assessment team members are required to:

- assess evidence submitted by the education provider, and
- contribute to accreditation assessment reports (collated review, site visit, outcome of assessment).

An assessment team is formed for the purposes of assessing:

- program accreditation,
- complex or significant program changes,
- complex or significant monitoring functions, and
- complex or significant investigations of complaints.

An assessment team generally comprises of four members:

- a Chair,
- two academics and
- a clinician, clinical educator, or clinical manager.

The number of team members is determined by AOAC. One member of the assessment team will be appointed as Chair and assists in managing site visit meetings and presentation of accreditation recommendations to the accreditation committee.

AOAC secretariat will notify the education provider of the names and current places of employment of assessment team members.

The education provider has three working days to advise AOAC of acceptance of the proposed team. If notification of acceptance is not received within this timeframe, the proposed team is deemed to be accepted.

The education provider has the right to object to the selection of one or more team members on grounds of potential or perceived conflict of interest of a personal or professional nature. Examples:

- personal conflicts could include private, professional, or business interests of a person, or between an assessor and a staff member of the education provider.
- professional conflicts could include affiliations with the education provider or associations with an

institution competing with or aligned with the provider or program being accredited.

## 2.5 Accreditation committees

The accreditation committee reviews the accreditation assessment recommendations put forward by the assessment team and makes accreditation recommendations to AOAC's EO.

The accreditation committee comprises of members with academic, education or clinical experience and expertise.

The terms of reference and membership for each accreditation committee is included in the [Committee Terms of Reference](#)

## 2.6 Monitoring

Under the National Law, AOAC's responsibility extends to ensuring programs and education providers continue to meet relevant accreditation standards across the accreditation period. To fulfil this function AOAC has in place a variety of monitoring mechanisms.

AOAC manages monitoring activities and program changes in a transparent, fair and timely way, in accordance with the [Monitoring Policy](#)

### 2.6.1 Prospective notification of program changes

AOAC supports innovation and continuous quality improvement and works with education providers to ensure program changes continue to meet accreditation standards.

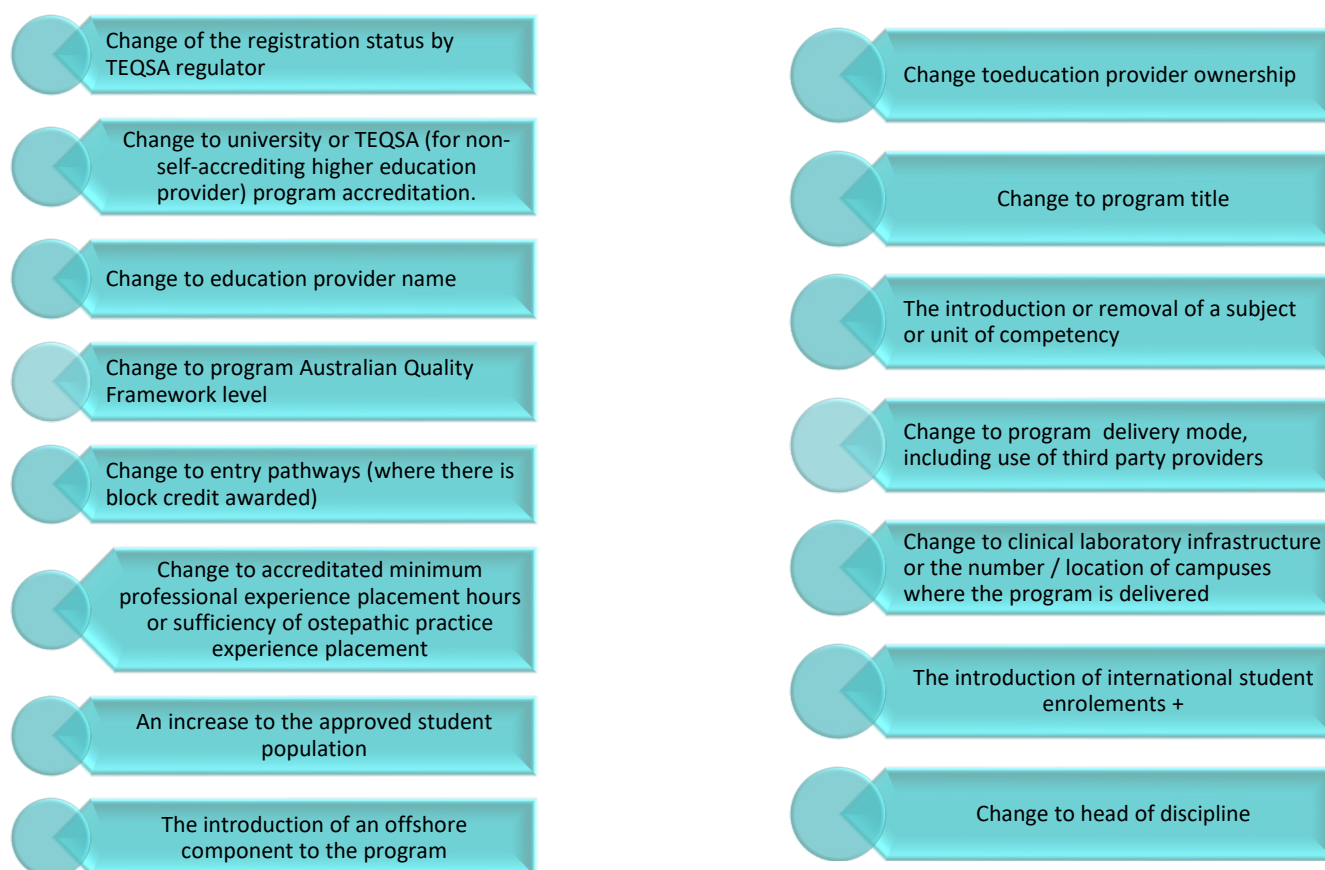
Selected program changes, as listed in Figure 4, require education providers to prospectively (i.e., in advance) notify AOAC and seek approval *prior to implementation*. Other changes are to be reported retrospectively in the program monitoring report (PMR). When prospectively notifying AOAC of program changes, the education provider needs to take into consideration the time required by AOAC to assess and approve the desired changes, which may take up to 6 months.

AOAC may require an education provider to report *all* program changes prospectively. The education provider will be formally notified when this is required.

AOAC is to be *immediately* notified by the education provider if the Tertiary Education Quality and Standards Association (TEQSA) regulator *proposes or commences* an investigation, implementation of conditions or change to the accreditation status.

All education providers must prospectively notify AOAC of select program changes as listed in Figure 4.



**Figure 4: Prospective notification of select program changes**

To report a prospective change, the education provider needs to electronically submit an Intention to Submit form or contact Accreditation Services administration staff, via [admin@osteopathiccouncil.org.au](mailto:admin@osteopathiccouncil.org.au), for information about required documentation. Assessment of program changes may incur a fee.

### 2.6.2 Routine monitoring

Routine monitoring is undertaken through an annual Program Monitoring Report (PMR). The PMR is used to confirm a program continues to be delivered as accredited and to report program changes that are not required to be prospectively reported.

When an education provider does not submit a PMR, accreditation conditions may be imposed, or accreditation of the program may be revoked.

### 2.6.3 Targeted monitoring and accreditation conditions

AOAC determines an appropriate level of program monitoring by undertaking a risk assessment based on outcomes of program assessment.

AOAC will apply targeted monitoring:

- when assessment of evidence indicates a potential risk of criterion requirements not being met over time.
- to ensure criterion requirements are implemented within a designated timeframe.
- to mitigate potential risks.

AOAC will apply accreditation conditions:

- when assessment of evidence indicates criterion, requirements are only substantially met.
- to ensure outstanding criterion requirements are met within a reasonable timeframe.
- to minimise specific risks.

Targeted monitoring and accreditation conditions can be applied at any point in the accreditation cycle or when managing a complaint. Targeted monitoring can also be applied ad-hoc to address immediate concerns.

Where assessment outcomes do not indicate a need to instigate targeted monitoring or conditions, the program and education provider are assessed as being of low risk. Table 2 provides guidance on the relationship between assessment outcomes, risk assessment and levels of monitoring.

NB: Applied levels of monitoring are at the discretion of AOAC.

**Table 2: Risk assessment and levels of monitoring**

ASSESSMENT OUTCOME	RISK	MONITORING
<ul style="list-style-type: none"> <li>• Criteria met</li> </ul>	Low	<ul style="list-style-type: none"> <li>• Routine annual monitoring</li> <li>• Prospective notification of <i>selected</i> program changes</li> </ul>
<ul style="list-style-type: none"> <li>• Criteria met AND</li> <li>• Criteria met with targeted monitoring applied</li> </ul>	Medium	<ul style="list-style-type: none"> <li>• Routine annual monitoring</li> <li>• Targeted monitoring requiring submission of evidence over a designated timeframe</li> <li>• Prospective notification of <i>selected</i> program changes</li> <li>• May include prospective notification of <i>all</i> program changes</li> </ul>
<ul style="list-style-type: none"> <li>• Criteria met AND</li> <li>• Criteria met with targeted monitoring applied AND/OR</li> <li>• Criteria substantially met with conditions applied</li> </ul>	High	<ul style="list-style-type: none"> <li>• Routine annual monitoring</li> <li>• Targeted monitoring requiring submission of evidence over a designated timeframe</li> <li>• Conditions requiring submission of evidence by a designated timeframe.</li> <li>• Prospective notification of <i>all</i> program changes</li> </ul>

#### 2.6.4 Ad-hoc monitoring

Ad-hoc monitoring is applied as needed when immediate and specific concerns relating to a program, education provider or group of programs is identified.

#### 2.6.5 Evidence requirements

Targeted monitoring and accreditation conditions require the education provider to submit supporting evidence, information and/or written reports to demonstrate specific criterion requirements are met. AOAC can apply ad-hoc monitoring at any time to address immediate concerns relating to a program or an education provider. Additional site visits may also be required to support evidence gathering.

AOAC will formally notify education providers about intended monitoring processes, including application of or change to monitoring requirements or accreditation conditions.

### 2.7 Advertising a program of study

Education providers must ensure that all advertising material used to inform potential students contains accurate information on the accreditation status of the education provider and program being advertised.

Advertising before the accreditation process is complete must include a notation that states:

*‘This program of study is not yet accredited by AOAC or approved by the OsteoBA and will not lead to registration as an osteopath in Australia under the approved qualification pathway, National Law Section 53a.’*

Education providers cannot enrol students into a non-accredited program, this includes a program that AOAC is currently undertaking an accreditation assessment for.

Education providers can choose to plan, develop, and acquire the necessary resources to offer a program of study before receiving accreditation from AOAC. This is at their own risk.

## **2.8 Quality cycle for accreditation standards, policies, procedures, and processes**

This section outlines AOAC’s quality cycle which includes the regular review of accreditation standards, policies, procedures, and processes relating to accreditation. This includes the review of the:

- Accreditation Policy and Procedures
- AOAC’s accreditation standards
- Policies, processes, and procedures that implement AOAC’s responsibilities under the National Law

### **2.8.1 Review of accreditation policy and procedure**

The Accreditation Policy and Procedure document is reviewed every two years, to ensure it is contemporary and transparent.

### **2.8.2 Review of accreditation standards**

A formal review of AOAC’s approved accreditation standards for osteopathic education programs in Australia takes place generally every five years.

The review is concerned with the quality of the profession and its work, from a public interest and community safety perspective. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners have achieved agreed professional outcomes and can practise in a safe and competent manner and they are equipped with the necessary foundational knowledge, professional attitudes, and essential skills.

AOAC’s review of the accreditation standards relies on two fundamental principles:

1. education providers are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for their graduates (TEQSA and the Australian Qualifications Framework).
2. a set of agreed and contemporary Standards for practice exist for the profession, against which the capability of intending graduates of entry to practice programs can be assessed.

For more information on the review of osteopathic accreditation standards, refer to AOAC’s [Protocol for the review and development of accreditation standards](#).

### **2.8.3 Review of policies and processes**

A formal review of AOAC’s policies and processes, including those relating to accreditation, takes place every two years. This review is undertaken through formal planning and with relevant accreditation staff. Information is gathered through research and wide-ranging stakeholder consultation.

## 2.9 Accreditation fees

AOAC charges education providers to accredit programs of study. The cost is determined by factors including:

- length of program—over 12 months, between 6 and 12 months, or under 6 months
- type of accreditation—full submission, changes to an existing program or monitoring requirements
- complexity of accreditation—examples: if a program is offered from more than two sites; if dual degrees are involved if a joint site visit is required.

The education provider is invoiced at the time of submitting documents in the assessment phase. Accreditation assessment will not commence until the invoice has been paid in full.

The [fee schedule](#) is on AOAC's website.

### 2.9.1 Fees for monitoring and complaint management

When review of monitoring or complaints relating to an education provider or approved program led to a decision to undertake a site visit, AOAC may invoice the Education Provider to recover associated costs.

### 2.9.2 Refunds

An education provider may be eligible for a refund if they withdraw a program after the assessment process has started. Any refund is determined by how much work has been completed. An education provider is not eligible for a refund after AOAC has conducted a site visit. All refunds are at the discretion of the Finance Audit and Risk Committee.

## 2.10 Complaints management

AOAC values feedback, recognising that effective continuous quality improvement fosters an environment of safety and promotes accountability and transparency.

AOAC works cooperatively with all stakeholders to manage and resolve complaints in an impartial and confidential way. AOAC recognises that those administering a program are often best placed to decide how to resolve a grievance. However, compliance with accreditation standards remains a key focus of AOAC's strategy for managing complaints.

Refer to AOAC's *Accreditation Services Complaints Handling Policy* and AOAC's *Privacy Policy* for more information on AOAC's complaints management processes

## 3 Roles and responsibilities

The AOAC Board has overall responsibilities for ensuring that AOAC accredits and monitors approved programs of study to ensure AOAC continues to be satisfied the program and provider meet an approved accreditation standard.

## 4 Training

The Executive Officer is responsible for implementing and ensuring compliance with this policy through creation and maintenance of effective training, procedures or processes consistent with this policy and procedures document.