



# Accreditation Policy and Procedures

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**Australian Osteopathic Accreditation Council Ltd**

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## Policy Control

<b>Document title</b>	Accreditation Policy and Procedures.
<b>Description</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.
<b>Category</b>	Accreditation.
<b>Scope</b>	Education providers, academics in osteopathy, and stakeholders.
<b>Related documents</b>	Health Practitioner Regulation National Law Act 2009; Quality Framework for the Accreditation Function (2018)
<b>Responsible officer</b>	Executive Officer
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## Signature

Role	Name	Signature	Date
Chair, Board of Directors	Wendy Cross		8.11. 2024

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## 1. Definitions

As per the *Health Practitioner Regulation National Law Act 2009* (the National Law).

<b>Accreditation authority</b>	<ul style="list-style-type: none"> <li>▪ an external accreditation entity; or</li> <li>▪ an accreditation committee.</li> </ul>
<b>Accreditation expiry date</b>	The date the program ceases to be accredited for the purpose of enrolling new students.
<b>Accredited program of study</b>	A Program of study accredited under section 48 by an accreditation authority (Australian Osteopathic Accreditation Council, AOAC).
<b>Approved accreditation standard under the National Law</b>	<p>An accreditation standard that is:</p> <ul style="list-style-type: none"> <li>▪ approved by a National Board (Osteopathy Board of Australia, OsteoBA) under section 47(3); and</li> <li>▪ published on the Board’s website under section 47(6).</li> </ul>
<b>Approved program of study</b>	A program of study that has been approved under section 49(1) of the <i>Health Practitioner Regulation National Law Act 2009</i> by the National Board established for the health profession, and which has been included in the list published by the National Agency under section 49(5).
<b>Approved qualification</b>	<ul style="list-style-type: none"> <li>▪ For a health profession, means a qualification obtained by completing an approved program of study for the profession; and</li> <li>▪ for endorsement of registration in a health profession, means a qualification obtained by completing an approved program of study relevant to the endorsement.</li> </ul>
<b>Education provider</b>	<ul style="list-style-type: none"> <li>▪ A university; or</li> <li>▪ a Tertiary Education Quality and Standards Agency (TEQSA) approved higher education provider, or</li> <li>▪ a specialist medical college or other health profession college.</li> </ul>
<b>National Board</b>	A National Health Practitioner Board continued or established by regulations made under section 231 of the National Law.
<b>National Cabinet Agreement</b>	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.
<b>National Registration and Accreditation Scheme</b>	<p>The scheme:</p> <ul style="list-style-type: none"> <li>▪ referred to in the National Cabinet Agreement; and</li> <li>▪ established by Law.</li> </ul>
<b>Program of study</b>	A program of study provided by an education provider leading to eligibility to apply for registration or endorsement by the OsteoBA
<b>Student</b>	A person whose name is entered in a student register as being currently registered as a student under the National Law.

## 2. Purpose of the Accreditation Policy and Procedures

The purpose of this document is to detail the Australian Osteopathic Accreditation Council (AOAC) policies and procedures associated with the accreditation of osteopathy programs of study, which lead to eligibility to apply for registration with the Osteopathy Board of Australia (the OsteoBA). The Accreditation Policy and Procedures are based on national and international best practice accreditation models for health practitioner education. The Accreditation Policy and Procedures are endorsed by the AOAC Board and provided to osteopathy education providers and stakeholders.

### 2.1. The Legislative Framework

The AOAC carries out its accreditation functions pursuant to the Health Practitioner Regulation National Law (the National Law) as implemented in each state and territory, and in accordance with an agreement with the Australian Health Practitioner Regulation Agency (Ahpra).

- a. The object of the National Law, pursuant to part 1, section 3 of the Schedule to the National Law is to establish a national registration and accreditation scheme for the regulation of health practitioners, and the registration of students undertaking programs of study that provide a qualification for registration in a health profession, clinical training in a health profession.
- b. The objectives and guiding principles for the national registration scheme are contained within part 1, section 3 and 3A of the National Law.
- c. Accreditation functions are defined at part 6, section 42 of the schedule to the National Law.
- d. Note: the AOAC is not responsible for assessing authorities in other countries.

## 3. Roles and Responsibilities

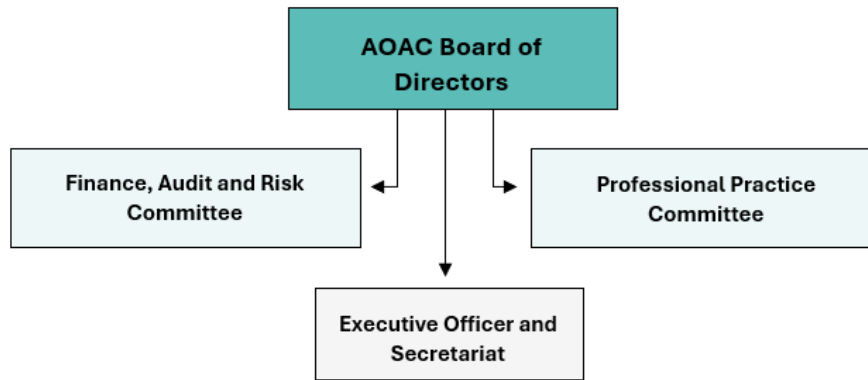
The AOAC Board has overall responsibility for ensuring that the Council accredits and monitors the education provider with their program/s of study to ensure that they meet the AOAC Osteopathic Accreditation Standards approved by the Osteopathy Board of Australia, (OsteoBA).

## 4. Compliance

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

## 5. Delegations and Decisions

The AOAC is a company limited by guarantee. The AOAC Board is the governing committee of the company and is established in accordance with, and governed by, the provisions of the AOAC Constitution. The AOAC Board is responsible for the management and good governance of the organisation. The AOAC's governance and organisational structure are shown in Figure 1.



*Figure 1: AOAC Governance Structure*

**5.1. Delegations**

The AOAC Board is responsible for approving all matters relative to the Accreditation functions as approved by the OsteoBA. The AOAC Board has established the Professional Practice Committee (PPC) as a committee of the Board. The PPC has been delegated the responsibility, as included within the Approved Terms of Reference (ToR) 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 that lead to eligibility to apply for registration as an osteopath in Australia.

Accreditation Functions	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

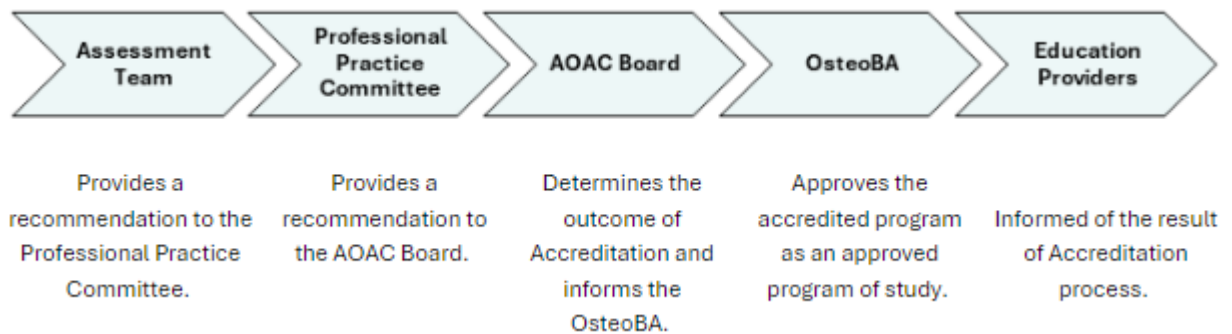
*Table 1: Accreditation Decisions and Authority Holder*

**5.2. Decisions**

- 5.2.1. 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 Osteopathy Accreditation Standards. The accreditation process is shown in figure 2 (below).
- 5.2.2. The AOAC, as the accreditation authority for osteopaths may accredit a program of study if, after assessing the program, the AOAC 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.

- 5.2.3. If the AOAC decides to accredit a program of study, with or without conditions, it must give to the OsteoBA a report about the AOAC's accreditation of the program.
- 5.2.4. If the AOAC decides to refuse to accredit a program of study, it must give written notice of the decision to the education provider providing, or intending to provide, the program of study. 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 AOAC for an internal review of the decision; and
  - c. how the education provider may apply for a review of the decision.
- 5.2.5. An education provider given a notice under clause 5.2.4 may apply, as stated in the notice, for an internal review of the AOAC's decision to refuse to accredit the program of study.
- 5.2.6. The internal review must not be carried out by a person who assessed the program of study for the AOAC
- 5.2.7. In accordance with section 49 of the National Law, the AOAC's accreditation decision is reported to the OsteoBA and the OsteoBA is responsible for approving the programs of study.



*Figure 2: The Accreditation Process*

## 6. Development and Approval of Accreditation Standards

### 6.1. Development of Standards

In accordance with section 46 of the National Law, the 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, the AOAC must undertake wide-ranging consultation about the content of the standard.

## 6.2. Approval of Standards

The accreditation standards are approved by the OsteoBA in accordance with section 47 of the National Law. The AOAC must, as soon as practicable after developing an accreditation standard for a health profession, submit it to the OsteoBA established for the osteopathy profession.

- 6.2.1. As soon as practicable after the OsteoBA receives an accreditation standard under clause 6.2 the OsteoBA must decide to:
  - a. approve the accreditation standard; or
  - b. refuse to approve the accreditation standard; or
  - c. ask the AOAC to review the standard.
- 6.2.2. If the OsteoBA decides to approve the accreditation standard it must give written notice of the approval to:
  - a. Ahpra and
  - b. The AOAC that submitted the standard to the Board.
- 6.2.3. If the OsteoBA 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 AOAC that submitted the standard; and
  - b. The AOAC is entitled to publish any information or advice it gave the Board about the standard.
- 6.2.4. If the OsteoBA decides to ask the AOAC to review the standard it must give the AOAC a written notice that:
  - a. states that the AOAC is being asked to review the standard; and
  - b. identifies the matters that AOAC is to address before re-submitting the standard to the Board.
- 6.2.5. An accreditation standard approved by the OsteoBA must be published on its website.
- 6.2.6. An accreditation standard takes effect:
  - a. on the day it is published on the OsteoBA website; or
  - b. if a later day is stated in the standard, on that day.



## 7. Accreditation Authority to Monitor Approved Programs of Study

### 7.1. Monitoring of Approved Programs of Study

- 7.1.1. In accordance with section 50 of the National Law, the 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 across the accreditation period.
- 7.1.2. The AOAC is required to notify the OsteoBA if an approved program of study and education provider no longer meets an approved accreditation standard.
- 7.1.3. The AOAC must monitor the approved program of study and the education provider to ensure that the Osteopathic Accreditation Standards are met.
- 7.1.4. If the AOAC reasonably believes the program of study and education provider no longer meets the Osteopathic Accreditation Standards, AOAC must decide to:
  - a. impose the conditions on the accreditation that are considered necessary to ensure the program of study will meet the accreditation standards within a reasonable time; or
  - b. revoke the accreditation of the program of study; and
  - c. advise the OsteoBA in writing of the AOAC's decision.

### 7.2. Changes to Approval of Program of Study

- 7.2.1. In accordance with section 51 of the National Law, changes to approval of program of study means: If the OsteoBA is given notice under section 50(2)(b) of the National Law 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.
- 7.2.2. If the OsteoBA reasonably believes, because of a notice given to the Board under section 50(2)(b) of the National Law 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.
- 7.2.3. If the OsteoBA makes a decision under section 50(2)(b), it must give written notice of the decision, including the reasons for the decision, to the accreditation authority that accredited the program.

## 8. 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 only quality assurance but to support continuous quality improvement of education and training to respond to evolving community, workforce, health system and professional practice needs.

### 8.1. 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 the AOAC immediately if their accreditation status changes, has conditions applied or is under investigation from TEQSA.

### 8.2. New Providers

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.

### 8.3. New Programs of Study

- 8.3.1. A new education provider submitting their first application for accreditation, or a current provider choosing to submit a new program of study, will be supported by the EO or delegate to undertake their first self-assessment of their program of study against the Osteopathic Accreditation Standards.
- 8.3.2. The new education provider, or the current education provider, is encouraged to lodge their 'Intention to Submit' forms 18 months prior to submitting their first application. This permits time for the education provider to prepare the application, gather the required evidence, and confer with AOAC prior to submitting their first application.
- 8.3.3. The tools to support this assessment are provided to all education providers, including new education providers, and includes the application pack and suite of templates. These will be emailed by the AOAC on receipt of the 'intention to submit' from the education provider.

### 8.4. The Accreditation Phases

There are two phases to the accreditation process: the assessment phase, and the monitoring phase.

#### 8.4.1. Assessment Phase

The Assessment Phase of an application for accreditation has four stages as follows:

##### **Stage 1** – Submission of application pack by the education provider

The assessment phase of an application for accreditation begins on receipt of the completed application pack, templates, all supporting evidence, and payment of the relevant fee.

In the application for accreditation, the education provider is required to address all criteria and submit all associated supporting evidence, including completed the AOAC templates. Invoiced fees must be paid prior to the commencement of the assessment phase.

The AOAC EO will undertake an initial review of application and evidence documentation to ensure it contains the required information prior to providing it to the Accreditation Assessment Team (AAT) who conducts stage two.

### **Stage 2 – Collated Review by the AAT**

The AAT is selected by the PPC to undertake a desktop review of the submitted accreditation application and evidence. Once this review is complete, the education provider will be provided with a Collated Review Report. The AAT may seek additional evidence from the education provider as part of the Collated Review Report prior to moving to stage 3.

### **Stage 3 – Site Visit and Recommendation to PPC**

Following the site visit, the AAT will produce a *Site Visit Report* which is made available to the education provider for fact checking only. Once the education provider has indicated the Site Visit Report is factually correct, the report is provided to the PPC. An *Outcome of Accreditation Report* is also compiled and includes a summary of the assessment and the recommendations by the AAT to the PPC regarding accreditation.

The PPC will then make a recommendation regarding the accreditation outcome to the AOAC Board.

### **Stage 4 – AOAC Board recommendation to OsteoBA**

The AOAC Board will then make a recommendation to the OsteoBA regarding the accreditation outcome (suitability as an Approved Program of Study; APoS). The OsteoBA will make the final determination regarding the approval or refusal of accreditation.

The assessment phase is complete when the program is approved by and listed on the OsteoBA APoS list.

#### **8.4.2. The Monitoring Phase**

There are two types of monitoring; (a) ongoing (routine) monitoring that all programs on the APoS list are required to participate in; and, (b) targeted and ad-hoc monitoring if an issue is identified by the AOAC that may impact accreditation of an APoS.

- a. Ongoing (routine) monitoring – This will occur for the duration of the program and 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 on the APoS.

- b. Targeted and ad-hoc monitoring – education providers are expected to notify the AOAC of any changes to the program either prospectively and retrospectively and these will be addressed through targeted, or ad-hoc monitoring as determined by the AOAC.

See section 8.10 for further information about monitoring of osteopathy APoS.

#### 8.5. **Program Accreditation and Compliance with AOAC Standards**

- 8.5.1. The AOAC considers each program submission as a new accreditation and therefore, does not re-accredit programs. The AOAC Accreditation Standards are cyclically reviewed, and it is expected that education providers meet the current Osteopathic Accreditation Standards.
- 8.5.2. Education providers are expected to 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.
- 8.5.3. An education provider must not commence a program until the program is approved by and listed on the OsteoBA APoS list. Prospective program changes must not commence before the 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.

#### 8.6. **Accreditation Timeframe**

- 8.6.1. Sufficient time must be afforded by the education provider to allow the accreditation phases (refer to 8.4) to be undertaken consistent with this policy and the National Law. Timeframes are managed through negotiation with the education provider, who is solely responsible for submitting the requested evidence within the agreed timelines.
- 8.6.2. The AOAC is responsible for accrediting programs of study and approving changes to existing programs. Once the AOAC makes a decision, the decision is forwarded to OsteoBA for final approval. Please note that the OsteoBA approval process is separate and may extend beyond the AOAC timeline negotiated with the education provider.

#### 8.7. **Accreditation Services: Executive Officer and Secretariat**

- 8.7.1. The AOAC Executive Officer is responsible for supporting the AOAC Board and the PPC through:
  - a. providing technical and administrative support, including regulatory guidance
  - b. communication with education providers,
  - c. formation of assessment teams,
  - d. recording and advising on accreditation decisions, and
  - e. accreditation projects.

- 8.7.2. The AOAC Secretariat, in support of the Executive Officer, is responsible for:
- a. Preparation of agendas and minuting of the AOAC Board and two standing committee meetings.
  - b. travel and accommodation arrangements, and
  - c. preparing correspondence, invoices, and certificates.

**8.8. Accreditation Assessment Team (AAT)**

8.8.1. An AAT is formed for the purpose of evaluating the following:

- a. Program accreditation.
- b. Complex or significant program changes.
- c. Complex or significant monitoring functions.
- d. Complex or significant investigations of complaints.

8.8.2. An assessment team generally comprises four members:

- a. The EO or delegate, who provides technical and administrative support, including regulatory guidance.
- b. Three AAT members:
  - i. A Chair with experience in health professions accreditation.
  - ii. Two academics: one educator experienced in delivering a pre-professional osteopathy programme, and one educator who is a currently registered osteopath (with no conditions) and engaged in clinical practice.

The number of team members is determined by the AOAC and is based on the specific needs of the accreditation assessment. One member will be appointed as Chair by the PPC (if required), who, with support from the EO, manages AAT site visits and presents accreditation recommendations to the PPC.

8.8.3. Member of the AAT are required to:

- a. Assess evidence submitted by the education provider.
- b. Contribute to accreditation reports, including the Collated Review, Site Visit, and Outcome of Accreditation Assessment.

8.8.4. Notification and Acceptance of the Assessment Team

The AOAC EO will notify the education provider of the names and current places of employment of the assessment team members. The education provider has three working days to either accept or object to the proposed AAT or individual AAT members (refer to 8.8.5). If no response is received within this timeframe, the team is deemed accepted.

8.8.5. Right to Object to Assessment Team Members

The education provider has the right to object to one or more team members on the grounds of potential or perceived conflicts of interest, whether personal or professional. Examples include, but are not limited to:

- a. Personal conflicts: Private, professional, or business interests that could affect the impartiality of the assessor or involve a relationship with a staff member of the education provider.
- b. Professional conflicts: Affiliations with the education provider or associations with a competing or aligned institution.

#### 8.9. Professional Practice Committee (PPC)

- 8.9.1. The PPC reviews accreditation assessment recommendations put forward by the AAT and makes accreditation recommendations to the AOAC Board.
- 8.9.2. The PPC comprises members with academic, health professional education or clinical experience and expertise.
- 8.9.3. The membership of the PPC is included in the PPC Terms of Reference.

#### 8.10. Monitoring

- 8.10.1. To fulfil the accreditation monitoring function the AOAC has in place a variety of monitoring mechanisms which are managed in a transparent, fair and timely way, and in accordance with the Monitoring Policy.

#### 8.11. Prospective Notification of Program Changes

- 8.11.1. Selected program changes, as listed at clauses 8.5.3 and 8.11.6, requires an education provider to prospectively notify the AOAC of the intended change(s) to the APoS and seek approval prior to implementation. Changes to an APoS, other than those in 8.11.6, are to be reported in the program monitoring report (PMR).
- 8.11.2. When notifying the AOAC of change(s) to an APoS, the education provider must take into consideration the time required by the AOAC to assess and approve the desired changes. The anticipated timeline for the AOAC to review the change(s) to an APoS will be made known to the education provider on submission.
- 8.11.3. The AOAC may require an education provider to report all program changes prospectively. The education provider will be formally notified when this is required.
- 8.11.4. The AOAC is to be immediately notified by the education provider if the TEQSA proposes or commences an investigation, implementation of conditions or change to the accreditation status of the education provider.
- 8.11.5. All education providers must prospectively notify the AOAC of select program changes as listed below:
  - a. Change of registration status by TEQSA

- b. Change to the name of the education provider;
- c. Change to the APoS Australian Quality Framework level;
- d. Change to entry pathways (where there is block credit awarded);
- e. Change to accredited minimum professional experience placement hours or sufficiency of osteopathic practice experience placement;
- f. An increase in the number of enrolments to the program
- g. The introduction of an offshore component to the program;
- h. Change to education provider ownership or change in governance structure;
- i. Change to the title of the APoS;
- j. The introduction or removal of a subject or unit of competency;
- k. Change to the APoS delivery mode, including the use of third-party providers;
- l. Change to clinical laboratory infrastructure or the number / location of campuses where the program is delivered;
- m. The introduction of international student enrolments;
- n. Change to head of discipline.

#### 8.11.6. Reporting a prospective change

To report a change to the APoS, the education provider is required to electronically submit an Intention to Submit form or contact the AOAC 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, and the provider will be made aware of the fee upon receipt of submission.

#### 8.12. **Routine monitoring**

Routine monitoring is undertaken through an annual 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.

#### 8.13. **Targeted monitoring and accreditation conditions**

8.13.1. The AOAC determines an appropriate level of program monitoring by undertaking a risk assessment based on the outcomes of a program assessment. The AOAC will apply targeted monitoring:

- a. when assessment of evidence indicates a potential risk of the Osteopathic Accreditation Standards not being met over a reasonable time:

- b. to ensure the Osteopathic Accreditation Standards are met within a designated timeframe; and/or
- c. to mitigate potential risks.

8.13.2. AOAC will apply conditions to a program of study:

- a. when assessment of evidence indicates the Osteopathic Accreditation Standards are substantially met.
- b. to ensure outstanding Osteopathic Accreditation Standards are met within a reasonable timeframe.
- c. to minimise specific risks with respect to the design, delivery or outcomes of the APoS.

8.13.3. 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 raised with the AOAC about the APoS or education provider.

8.13.4. 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.

8.13.5. Applied levels of monitoring are at the discretion of the AOAC.

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 selected 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>▪ History of non-compliance with a failure to respond to information from accreditation reports.</li> <li>▪ Targeted monitoring requiring submission of evidence over a designated timeframe.</li> <li>▪ Prospective notification of selected program changes.</li> <li>▪ May include prospective notification of all 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 all program changes.</li> </ul>

**Table 2: Risk Assessment and Levels of Monitoring**



#### 8.14. **Ad-hoc monitoring**

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

#### 8.15. **Evidence requirements**

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

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

#### 8.16. **Advertising a Program of Study**

8.16.1. 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.

8.16.2. Advertising a program of study before the accreditation process is complete must include a notation that states:

*'This program of study is not yet accredited by the Australian Osteopathic Accreditation Council or approved by the Osteopathy Board of Australia and will not lead to eligibility to apply for registration as an osteopath in Australia under the approved qualification pathway, National Law, section 53a.'*

8.16.3. Education providers cannot enrol students into an un-accredited program of study. An un-accredited program of study includes the accreditation assessment of a program that the AOAC is currently undertaking.

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

#### 8.17. **Quality Cycle for Accreditation Standards, Policies, Procedures, and Processes**

This section outlines the 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, the Osteopathic Accreditation Standards, and the procedures that relate to the AOAC's responsibilities under the National Law

8.17.1. Review of accreditation policy and procedure

The Accreditation Policy and Procedure document is reviewed every five years, or more frequently as required, to ensure it is contemporary and transparent.

#### 8.17.2. Review of Accreditation Standards

- a. A formal review of the AOAC's approved Osteopathic Accreditation Standards for osteopathic education programs in Australia takes place every five years, or more frequently as required.
- b. This review is undertaken through formal planning and with relevant accreditation staff. Information is gathered through research and wide-ranging stakeholder consultation.
- c. The review is focused on the education provider, their program of study and the quality of the graduate's osteopathic practice into the community, from a public safety and interest perspective.
- d. It is part of a broader process of assuring the community that, having completed an accredited program of study, graduate osteopaths have achieved agreed professional outcomes and can practice in a safe and competent manner, equipped with the necessary foundational knowledge, professional attitudes, and skills.
- e. The AOAC's review of the accreditation standards relies on two fundamental principles:
  - i. 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), and
  - ii. 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 the AOAC's Protocol for the review and development of accreditation standards.

#### 8.18. **Accreditation Fees**

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

- a. the length of the teaching program;
- b. the type of accreditation (a full submission, changes to an existing program, or monitoring requirements);
- c. the complexity of the program and whether a site visit is required by assessment teams involving multiple campuses or/and dual degrees that involve further subject assessments.

- 8.18.2. 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 available on the AOAC website.
- 8.18.3. Fees for monitoring and complaint management
- a. When review of monitoring or complaints relating to an education provider or approved program leads to a decision to undertake a site visit, the AOAC may invoice the education provider on a cost recovery basis.
- 8.18.4. Refunds
- a. An education provider may be eligible for a refund if they withdraw a program of study after the assessment process has started. Any refund is determined by how much work has been completed by the AOAC and at the discretion of the AOAC.
  - b. An education provider is not eligible for a refund after the AOAC has conducted a site visit. All refunds are at the discretion of the AOAC Finance Audit and Risk Committee following recommendations made to the AOAC Board for final approval.
- 8.18.5. Complaints management
- a. The AOAC values feedback about the accreditation process, recognising that effective continuous quality improvement fosters an environment of safety and promotes accountability and transparency.
  - b. The AOAC works cooperatively with all stakeholders to manage and resolve complaints in an impartial and confidential way. The AOAC recognises that those administering a program are often best placed to decide how to resolve a grievance. However, compliance with the Osteopathic Accreditation Standards remains a key focus of the AOAC's strategy for managing complaints.
- 8.18.6. For more information on the AOAC's complaints management processes, please refer to the following AOAC policies: [AOAC Accreditation Services Complaints Handling Policy](#) and [AOAC Privacy Policy](#).