



Australian
Dental
Council

SUBMISSION

on

NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS

Consultation on Proposed Arrangements for Accreditation

17 December 2008

Tel: +61(0)3 9657 1777
Fax: +61(0)3 9657 1766
e-mail: ceo@adc.org.au
Web: www.adc.org.au

ABN 70 072 269 900
Ground Floor
120 Jolimont Road
East Melbourne Vic 3002

1. Introduction

1.1 The Australian Dental Council appreciates the invitation of the Practitioner Regulation Subcommittee of the AHMAC Health Workforce Principal Committee to comment on matters that are set out in the consultation paper (issued 06 November 2008) on proposed arrangements for accreditation that are to be incorporated in the second stage of legislation to establish a National Registration and Accreditation Scheme for the Health Professions.

1.2 The Australian Dental Council (ADC) was formed in 1993. Membership of the ADC comprises the following bodies associated with the standards of education and training and regulation of professional practice for dentists, dental specialists, dental therapists and oral health therapists, and dental hygienists in Australia:

- (a) the Dental Boards of the States and Territories of Australia
- (b) the Australasian Council of Dental Schools
- (c) the Australian Dental Association Inc
- (d) the Royal Australasian College of Dental Surgeons
- (e) the Australian Dental and Oral Health Therapists Association
- (f) the Dental Hygienists Association of Australia

In addition, the Dental Council of New Zealand and the Council of Regulatory Authorities for Dental Technicians and Dental Prosthetists Australia and New Zealand Inc (CORA) have Observer status on the ADC Board. The ADC is governed by a Board of Directors comprising nominees of the above member bodies, together with the officebearers and Chairs of standing committees.

1.3 The principal functions of the ADC are:

- (a) to advise and make recommendations to Australian State and Territory Dental Boards in relation to:
 - the accreditation of education courses leading to a registrable dental or oral health qualification, conducted by Australian dental schools and other recognised institutions
 - the assessment of the suitability for practice in Australia of persons with overseas dental qualifications, and
 - uniform criteria for recognition of qualifications for registration and standards of practice
- (b) to provide advice on matters concerning the occupational regulation of dentists, including general and specialist registration, and of professions allied to dentistry
- (c) to undertake certification of other education courses that do not lead to a registrable dental or oral health qualification, conducted by Australian dental schools and other appropriate institutions.

1.4 The ADC has consulted with the following stakeholder groups in the compilation of this submission:

- State/Territory Dental Boards.
- Australasian Council of Dental Schools
- Australian Dental Association Inc
- Australian Dental and Oral Health Therapists' Association Inc
- Australian Dental Prosthetists' Association
- College of Dental Technicians of the Oral Health Professionals Association
- Council of Regulating Authorities for Dental Technicians and Dental Prosthetists Australia and New Zealand Inc
- Dental Hygienists' Association of Australia Inc

Not all groups have been able to respond to the issues canvassed in the consultation paper. The Australian Dental Association Inc (ADA Inc) is forwarding a separate submission.

For ease of reference this Submission uses numbering which follows the numbering of the Consultation Paper. Only paragraphs on which comments are made have been reproduced in this Submission (hence the numbering is incomplete). Comments are in ***bold italics*** following the relevant extract from the Consultation Paper. In general, absence of comment recorded against a proposal indicates agreement.

2. Some General Issues

2.1 Ambiguity (and potential confusion) in the use of the term ‘standards’

Throughout the paper the term ‘standards’ is used, with or without a descriptor. Examples include:

- *health professions standard* [as used in the legislation – see ‘Bill A’ s8(2)]
- *accreditation standards* [meaning health profession standards relating to accreditation, as defined in the legislation – see ‘Bill A’ s9(2)]
- *governance and operational standards and criteria* set by the National Agency for the establishment, governance and operation of external accreditation bodies [as set out in the IGA clauses 1.34 & 1.35]
- *accreditation framework standards* [see proposal 3.5.2(b)]
- *education standards and standards for courses or education providers* [see section 6]

And it is common practice in the health professions to use the term *standards* to apply to the attributes or competencies expected of individual practitioners in their professional practice.

It is important to avoid any ambiguity in the use of the term in legislation. It is also highly desirable to try to synchronise the use of the term in the legislation and its common use by the health professions. **The ADC recommends that the term ‘standards’ always have an associated descriptor to ensure there is no room for ambiguity in intent or interpretation.**

2.2 Program Accreditation vs Assessment (‘accreditation’) of overseas trained practitioners

The assessment of individual education and training courses and institutions against pre-defined accreditation standards (‘program accreditation’) is a separate and distinct function from the assessment for registration eligibility in Australia of individual overseas trained practitioners who are qualified in courses which are not recognised in Australia (‘assessment’ or ‘examination’). It is the norm for Australian health professions that these two different and distinct functions are undertaken by the same existing health profession council (such as the Australian Dental Council, for dentistry). However, these two functions are managed differently and separately, their processes are entirely distinct, and decisions occur through separate committees and governance pathways.

There is limited acknowledgment in the paper that these two functions, and the separate assessment processes that they involve, are different and distinct. They are inappropriately linked in the paper and the failure to make this distinction gives rise to inappropriate proposals, such as those in section 3.10 *Accreditation Processes*, all of which are concerned with program accreditation. For instance, in relation to the assessment of individual overseas trained practitioners the different mechanisms involved mean that the following proposals in the paper are inappropriate:

- composition of committees will be different – technical expertise is essential
- composition of examining panels will need to be expert – there is limited, if any, role for non-professionals
- the relevance and appropriateness of *accreditation standards* and their approval by the Ministerial Council is called into question
- different funding arrangements apply, with no cross-subsidy from registration fees (at least in dentistry)
- it is questionable if merit review (as proposed for institutions under 3.7.1) could be applicable for individuals where technical judgment has to be exercised at the time of assessment.

2.3 Determination of Accreditation Standards

The following comments particularly refer to *Roles in Relation to Accreditation* (section 3.2, pp10-11) and *Core accreditation functions* (p13).

Setting *accreditation standards* is an absolutely central function for an accreditation body. The ADC is greatly concerned that there are statements and proposals in the paper which create the potential for the Ministerial Council to have the final sign-off on accreditation standards. This introduces the potential for government drivers, such as workforce considerations, to become part of the setting of standards for

training of health professionals. The scope for uncertainty on this key point is illustrated in the comments below.

What are described as the core accreditation functions as defined under the national scheme are set out on p13. They are described as functions that may be performed by external accreditation bodies and include:

- (a) core accreditation functions
- (b) additional functions relating to the new scheme which a board wishes to assign to an accrediting body, and
- (c) additional functions outside the scheme which an external accreditation body may wish to undertake on its own account, as long as there is no conflict of interest with the scheme.

At the top of p9 these core accreditation functions under the scheme are said to consist of:

- (a) the development of accreditation standards
- (b) the assessment of individual education and training courses and institutions against the standards
- (c) the assessment of overseas accrediting authorities to determine whether the courses they accredit provide the required knowledge and skills to practise in Australia, and
- (d) the assessment of individual overseas trained practitioners qualified in courses which are not recognised in Australia.

The development of accreditation standards is thus regarded as a core accreditation function and therefore appears to be a function to be performed by external accreditation bodies assigned for this purpose.

However, it is not clear in section 3.2 *Roles in Relation to Accreditation* (pp10-11) that it is the accreditation body which is responsible for defining the accreditation standards, as illustrated in the extracts below:

- The role of the Ministerial Council includes: (c) approve standards for accreditation which are recommended by the national board established for that health profession.
- The role of the National Agency includes: (a) set the framework outlining general requirements for the development of standards for the purpose of ensuring that the scheme operates in accordance with good regulatory practice, including standards and criteria for the establishment, governance and operation of the accreditation bodies...
- The role of the National Boards includes:
 - (b) contributing to the development of the process framework and requirements which will govern the development of standards...
 - (c) overseeing the development of accreditation standards for the health profession for which it is established, considering them and submitting them for approval by the Ministerial Council.
- The role of the external accreditation bodies includes:
 - (a) meeting the standards and criteria laid down by the national agency for the establishment, governance and operation of external accreditation bodies...
 - (b) assessing courses of study, determining whether they meet the approved accreditation standards under the scheme and advising the relevant national board.

The functions of an accreditation body may include developing the standards for accreditation, including consulting widely on the content of those standards. (*emphasis added*)

This latter statement refers to s9(2) of 'Bill A'.

Setting accreditation standards is an absolutely central function for an accreditation body, and the use of the word *may* rather than *shall* or *will* or *must* needs to be clarified and rectified to ensure the integrity and independence of the accreditation process and its acceptance internationally.

This is further underlined by approving references at a number of points in the paper to the *World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education, 2005* (the WHO-WFME guidelines) and the document *Standards for Professional Accreditation Processes* (Professions Australia, June 2008) which has been endorsed by the health professions involved in the national scheme. Indeed, the paper states (p18):

It is expected that accreditation processes will be based on principles which ensure that the different bodies operate in ways which meet any relevant international guidelines (eg World Health

Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education, 2005) and the needs of the specific education and training systems of the particular profession.

The WHO-WFME guidelines (section 2) state:

*The accreditation system must operate within a legal framework...The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools and the profession...The legal framework must **authorize the accrediting body to set standards...**(emphasis added)*

Throughout the NRAS consultation process the ADC, and the other health professions councils who currently undertake accreditation functions, have been given to understand that it is the intention of the Ministers to assign existing national accreditation bodies to continue with this function under the NRAS, and that this assigning would involve the accreditation body developing the standards.

This requires explicit clarification to avoid the uncertainty that seems to arise from the consultation paper. It is necessary also in order to avoid the considerable potential for risk of the international standing and acceptance of Australia's accreditation schemes and outcomes, which would put at risk other goals of the national scheme.

3. Comments on Specific Issues

*(using numbering which follows the numbering of the Consultation Paper; only paragraphs on which comments are made have been reproduced (hence the numbering is incomplete). Comments are in **bold italics** following the relevant extract from the Consultation Paper.)*

1.6 Principles

It is proposed the provisions for accreditation functions...

(f) accord with the Australian's international obligations and relevant internationally accepted standards

Submission of the ADC:

This must be sufficiently broad and/or flexible that it does not require automatic recognition of accreditation authorities and decisions in other countries with which Australia has/develops a Free Trade Agreement.

3.1 Key features of proposed system (p9, 2nd paragraph)

...The purpose of accreditation of education and training courses is to ensure that graduates have the required skills, knowledge and competence to practise safely and meet registration requirements.

Submission of the ADC:

This is too limiting. The purpose of accreditation includes both quality assurance and quality improvement, ie accreditation processes can drive change for improvement and development. As well, graduates are expected to demonstrate relevant professional attitudes and behaviours (not just skills, knowledge and competence.

3.4 Scope of accreditation

Recognition of specialties and accreditation of specialist training (p12)

Proposal 3.4.1: It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.

Proposal 3.4.2: In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.

Submission of the ADC:

There are recognised specialties in dentistry which are based on qualifications awarded by accredited postgraduate education and training programs offered by various Australian universities. These programs are accredited by the Australian Dental Council. This specialist recognition needs to be continued in the national scheme. It is proposed that the Dental Board of Australia take advice from the Australian Dental Council on the list of dental specialties and associated specialist qualifications, in the same manner as envisaged for the AMC in relation to the Medical Board of Australia for endorsement of individual registrants as medical specialists.

Proposal 3.4.3: It is proposed that in line with the IGA the national scheme legislation will provide that while boards may approve the initial list of specialties, any new specialties or specialty areas of practice will require Ministerial Council approval.

Submission of the ADC:

Approval of new specialties or specialty areas of practice by the Ministerial Council should always be based on recommendations from the relevant national board with advice from the relevant accreditation body.

Proposal 3.4.4: It is proposed that the Ministerial Council specify that the core accreditation functions initially assigned to the external accreditation bodies are the core functions listed above where those functions are currently undertaken by the body.

Submission of the ADC:

see under heading 2.3 above (pp3-5 of this submission)

3.5 Governance arrangements for external accreditation bodies (pp14-15)

Existing national accreditation bodies, to a greater or lesser extent, may need to reconstitute their governance arrangements in order to meet the national scheme requirements as many of them contain members of current boards or persons nominated by those boards which will cease to exist after 1 July 2010.

Under the IGA, accreditation bodies will be required to meet standards and criteria for establishment, governance and operation set by the national agency. The governance arrangements of external accreditation bodies will need to provide for community input and promote input from education providers and the professions but provide independence in decision-making.

Given the lead times required for changing corporate governance arrangements, it is proposed that the Ministerial Council will provide guidance on how accreditation bodies should re-constitute their governance provisions. Such guidance would not be contained in the legislation but be a decision of the Ministerial Council.

Guidance to be provided on the governance arrangements of accreditation bodies would be best in a form which will require certain categories of membership to be represented but does not constrain the inclusion of other categories of membership.

Stakeholders are invited to provide comment on how the guidance to be provided on the governing body of external accrediting bodies can provide for community input and input from education providers and professions but provide independence in decision-making.

Submission of the ADC:

The ADC expresses concern at the proposal that the Ministerial Council might direct external accreditation bodies in relation to re-constitution of their governance provisions and composition. In the case of the ADC it suggests that the authors of the paper might not be fully informed of the current legal constitution of the ADC and of its governance arrangements. The ADC is constituted as a company with limited liability; it has a Board of Directors with nominees (not representatives) of various members/constituencies; its program accreditation and examination functions are managed separately and differently, and undertaken by separate committees. Its independence in decision-making is inherent in its corporate existence. Any changes that might be required in the membership provisions of the ADC or in the composition of its Board are the responsibility and prerogative of the corporate entity that is the ADC. Matters concerning the legal framework for the accreditation and examination functions which are to be undertaken by the ADC are appropriately the concern of the Ministerial Council (as set out in the WHO-WFME guidelines). The implementation of these functions should be addressed in the proposed contractual relationship with accreditation bodies, which can negotiate provision for community input and input from education providers and the relevant professions.

Legal arrangements between accreditation bodies, boards and the national agency (pp 14-15)

Proposal 3.5.1: It is proposed that the agency's requirements in relation to the national scheme should be specified in the contract with the specific accreditation body.

Proposal 3.5.2: It is proposed that the terms of contracts between the agency and the external accrediting body include but are not limited to, the following matters:

- (a) The objectives of the national scheme
- (b) The accreditation framework standards developed by the agency
- (c) The budget for the accreditation functions it is performing for the national board
- (d) The contribution to the cost of those functions to be drawn from registration fees
- (e) Monitoring and reporting arrangements
- (f) Requirements relating to contributions to the national board's annual report, and
- (g) Provisions relating to termination of the contract.

It is proposed that the health profession agreement include the arrangements with external accrediting bodies and accreditation committees. It is further proposed that the key elements of the contract between the external accrediting body and the agency should be a part of that agreement, giving the board a central role in the definition of what the body should do and the services it should provide, as well as its budget.

Proposal 3.5.3: It is proposed that the arrangements between the agency and any external accreditation body form part of the health profession agreement between the agency and each national board, providing both the national board and the agency with input to the arrangements.

Submission of the ADC:

The ADC expresses concern about the potential for 'micromanagement' by the national board/national agency in the proposal for the agency's and board's involvement in specifying what the accrediting body should do and the services it should provide, as well as its budget, and the potential capacity of the national agency/national board to direct the accreditation body in this regard. It is in the nature of these activities, and the experience of the ADC in undertaking these functions for more than a decade, that there needs to be significant provision for flexibility of the organisation and responsiveness to particular circumstances that arise. Excessive prescription in contractual arrangements would inhibit optimal delivery of accreditation functions.

Proposal 3.5.4: It is proposed that the national scheme legislation provide that the agency must consult with the boards on the development of the standards to govern registration and accreditation processes within the scheme.

Submission of the ADC:

see under headings 2.1 (p3) & 2.3 above (pp3-5 of this submission) re clarity of meaning for 'standards' and the appropriate locus of responsibility.

Ensuring transparency (pp15-16)

Proposal 3.5.7: It is proposed that the national scheme legislation provide that the agency be required to publish on its website, the standards for accreditation following approval by the Ministerial Council as well as all fees and charges related to accreditation.

Submission of the ADC:

The ADC suggests provision for flexibility in the wording of such a requirement. It is suggested that it would be much more manageable for the accreditation bodies to be required to have such information published on their websites, with a link from the national agency website. This will better enable the information to be current since it becomes the responsibility of the accrediting body to keep it up to date.

Proposal 3.5.8: It is proposed that the contract with the external accreditation body require that body to provide information to the national board on financial reports pertaining to accreditation functions, activities undertaken during the year, including standards developed, courses accredited or monitored, the number of qualifications assessments of overseas trained practitioners undertaken and the decisions made as a result of these assessments, and anything else requested by the national board, for inclusion in the agency's annual report.

Submission of the ADC:

The proposal to require 'anything else requested by the national board' for inclusion in the agency's annual report is too broad and unfettered. It could involve matters that have a significant impact on the accreditation body if not specifically revealed. The ADC proposes that this provision should instead read: 'anything else mutually agreed by the national board and external accreditation body'.

3.6 Accreditation committees

Submission of the ADC:

It is noted that this section of the paper is not applicable in dentistry since there is an existing national accreditation body (the Australian Dental Council) to which it is intended to assign accreditation functions as a transitional measure.

3.9 Funding arrangements

Accreditation is currently funded through a range of sources (as outlined in section 2.2). The IGA, in clause 12, anticipates that in the future the national scheme will be self funding ie the scheme will be funded from fees received from registration functions and accreditation functions. Governments have also agreed that resources for the national scheme will comprise fees received for registration and accreditation functions, appropriate resources of the current registration boards, current Commonwealth, State and Territory contributions to registration, accreditation and related workforce functions and a contribution of \$19.8 million to the establishment of the new scheme (clause 12.1 of the IGA).

Furthermore, submissions received from the professions indicate a preference for ensuring that registration and accreditation activities are not cross-subsidised between professions and that the fees for

each profession are set at a level that supports the regulatory activities for that profession only. Under this scenario, common overhead costs would be allocated across professions.

Submission of the ADC:

There should be recognition in the funding arrangements between the national agency/national board and the external accreditation body of the requirement for infrastructure funding ('core funding') as well as funding for direct service provision for program accreditation and examining activities. The ADC supports the proposal for continuing cross-subsidy for program accreditation from registration fees provided that this cross-subsidy applies within professions and not between professions and that the fees for a profession are set at a level that supports the regulatory activities for that profession only.

3.10 Accreditation processes (pp18-19)

It is important that accreditation processes meet international best practice standards. The accreditation process needs to be rigorous, transparent and fair. Assessment should be against tools developed for the purpose and made available to the education and training provider. The accreditation standards framework developed by the agency following consultation with the boards will set down requirements for the accreditation process which will ensure that good regulatory practice is followed and Ministerial policy directions are met.

The *World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education (2005)* suggest the following:

"The accreditation system must operate within a legal framework. The system must be pursuant to either a governmental law or decree; the statutory instrument will most probably be rules and regulations approved by government. The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools and the profession"
(Attachment 1, page 4)

'Professions Australia' has recently developed standards for the professional accreditation processes (Professions Australia, June 2008, *Standards for Professional Accreditation Processes* (refer Attachment 2) which could form a starting point for the work of the agency on this matter.

It is expected that accreditation processes will be based on principles which ensure that the different bodies operate in ways which meet any relevant international guidelines (eg *World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education, 2005*) and the needs of the specific education and training systems of the particular profession.

Submission of the ADC:

see under headings 2.1 (p3) & 2.3 above (pp3-5 of this submission)

Also it is important not to overlook the paragraph which follows the above quote from the WHO-WFME guidelines, as follows (emphasis added):

'The legal framework must authorize the accrediting body to set standards, conduct periodic evaluations and confer, deny and withdraw accreditation of medical schools and their programme in medical education. The framework must lay down the size and composition of the accreditation committee or council and must allow the committee or council to decide on the by-laws specifying the procedure for accreditation, including the appointment of review or site-visit teams. Furthermore, the legal framework should include rules regarding declaration of conflict of interest and regarding the handling of complaints.'

The process of assessing education and training courses is usually done by panels, constituted for that purpose. Panels assess the application and all information forwarded by the education and training provider against specific and relevant assessment tools and draft a report for consideration of the decision-making body or committee. The constitution of assessment panels is an important way of ensuring that the

process is objective and fair. It would be expected that there is an open and transparent appointment process for panellists and that each panel includes professional representation, education and training expertise and people who are not members of the profession.

Membership of accreditation panels should not over-represent the interests of the profession. This is important in order to maintain independence of accreditation functions and to ensure that such bodies maintain their accountability to the public. At the same time, professional involvement in the accreditation function is important to ensure that processes and decisions are well informed. It is through the panel that principles of independence may be maintained.

Proposal 3.10.1: It is proposed that the Ministerial Council request that the agency consider the following matters in developing standards for accreditation processes:

- (a) the document *Standards for Professional Accreditation Processes* developed by 'Professions Australia' in consultation with the Forum of Health Professions Councils
- (b) the need to meet any relevant international guidelines relating to the specific professions
- (c) the need to align standards with relevant international standards and clearly indicate the international standards on which these standards are based when presenting them to boards for consideration, and
- (d) the need to ensure that accreditation assessment panels provide sufficient public accountability and independence.

Submission of the ADC:

see under headings 2.1 (p3) & 2.3 above (pp3-5 of this submission).

Reference is again made to comments above that this section applies only to program accreditation and is not applicable to the function of assessing overseas trained practitioners.

The ADC makes the following comments in relation to additional considerations for the composition and appointment process for accreditation panels:

- ***expertise is essential on a Panel, as is appropriate balance of knowledge and experience and some exclusionary criteria (to avoid potential conflict of interest, eg not from the same institution; not from the same State).***
- ***expertise on the Panel needs to be 'focused', ie appropriate for the task***
- ***appointments to Panels should be by invitation, not by open application process (although there could be an open process of application for inclusion on a list of those eligible and qualified for appointment to Panels) to ensure the Panel contains suitably qualified members who are both relevant and appropriate for the program that is being reviewed, and who will have the respect of all parties for the authority of the panel.***
- ***This is consistent with the statement in the WHO-WFME guidelines that academic competence as well as efficiency and fairness are key ingredients to engender the trust that is essential to acceptance of an accreditation system.***
- ***Internal accountability is strongly built into the accreditation system operated by external accreditation bodies. Within the ADC the panel provides a report to the Accreditation Committee, which reviews the Panel report and makes its recommendation/s to the ADC Board. The Board considers the Committee recommendation/s and makes a decision on accreditation of the program. It is therefore the Board which is publicly accountable for the process and the decisions, rather than the Panel.***

Relationship between registration and accreditation functions (p19)

Proposal 3.10.2: It is proposed that the legislation provides for ongoing monitoring of education courses and institutions, including requiring accredited education providers to report to the accreditation body or committee any significant curricular changes or resourcing issues that would adversely impact on students and compromise their ability to register, and requirements for the accreditation body or committee to report any such adverse events to the relevant national board as soon as it becomes aware of them.

Submission of the ADC:

It is not appropriate to have a requirement for the accrediting body to report adverse events to the national board 'as soon as it becomes aware of them'.

It is already a provision of accreditation by the ADC that an institution is required to provide an annual report against criteria specified by the ADC, and to notify the ADC immediately of any significant change in the curriculum or circumstances of the institutional program that might impact on its accreditation status with the ADC (eg staff vacancies, significant increase in student numbers, significant infrastructure shortfalls). This provides a monitoring mechanism for accredited programs.

The accreditation process involves a rigorous assessment of a course or program that is undertaken as a collegiate process and one that is ongoing throughout the period for which the program is accredited. As stated earlier, an important feature of the accreditation process is its ability to facilitate and encourage quality improvement. While the ADC acknowledges the legitimate concern in proposal 3.10.2 to protect the interests of students it is important this is not done at the expense of openness of the institution in their participation in the accreditation process. It is easy to see the possibility of institutions being less frank in the process if they see the potential for curriculum changes or admission of shortcomings to be reported to the national board. This limits the quality improvement aspect of accreditation; it impacts on the collegiate nature of the process; and it inhibits the ability of the accrediting body to engage with the institution to address problems that might arise. The interests of students are paramount for the accreditation body in such situations.

The ADC proposes that reporting by the accreditation body to the national board should not occur until and unless the situation is reached where the institution is put on notice that its accreditation status will be seriously revised or revoked if required action and outcomes are not achieved within a specified timeframe.

4 Linkages with Commonwealth, State and Territory government bodies

Proposal 4.1: It is proposed that accreditation reports will be made publicly available in the agency's annual report and on its website. These reports will include recommendations and outcomes of accreditation processes and information on education and training courses.

Submission of the ADC:

As suggested earlier, it might be more manageable if this proposal were to have accreditation reports publicly available on the accreditation body's website, with a link from the agency's website. The ADC would make a distinction between final accreditation reports and those that are regarded as draft reports or initial reports relating to the progressive accreditation of initial years of a new program. The ADC does not support public release of these latter reports since they are formative in nature and intended to assist the institution in the development of its program prior to achieving full accreditation coinciding with the final year of the new program and the graduation of the first cohort of students.

