

Occupational Therapy Council (Australia & New Zealand) Ltd

Setting world-class standards for safe and effective practice



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**Occupational Therapy Council
(Australia & New Zealand) Ltd**

**Proposed accreditation standards for Australian
occupational therapy education programs**

**Public Consultation Paper
July 2018**

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List of abbreviations

AHMAC	Australian Health Ministers Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
ANZCOTE	Australian and New Zealand Council of Occupational Therapy Education
ANZOTFA	Australian and New Zealand Occupational Therapy Fieldwork Academics
COAG	Council of Australian Governments
HESF	Higher Education Standards Framework
HPACF	Health Professions Accreditation Collaborative Forum
National Law	Health Practitioner Regulation National Law Act 2009
NATSIOTN	National Aboriginal and Torres Strait Islander Occupational Therapy Network
NRAS	National Registration & Accreditation Scheme
OTC	Occupational Therapy Council (Australia & New Zealand) Ltd
OTBA	Occupational Therapy Board of Australia
TEQSA	Tertiary Education Quality and Standards Agency
WFOT	World Federation of Occupational Therapists
WFOT Standards	Minimum Standards for the Education of Occupational Therapists

1. Introduction

The Occupational Therapy Council (Australia & New Zealand) Ltd (OTC) is the authority responsible for accrediting occupational therapy programs of study leading to a qualification for registration as an occupational therapist in Australia.

Accreditation standards are used to assess whether a program of study, and the education provider that delivers the program of study, provides people who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.

The OTC is undertaking a review of the current accreditation standards: the *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (December 2013) and is seeking stakeholder feedback and input to this review.

2. How to provide feedback

The proposed accreditation standards are included in this consultation document on page 11.

The public consultation period is open from **July 23-September 17, 2018**.

The OTC seeks broad public feedback on the proposed standards and in particular, responses to the following:

1. Do the proposed accreditation standards indicate clearly what is required for education providers to produce safe, ethical and competent occupational therapy graduates to practise as beginning practitioners?
2. Is the structure and content of the proposed standards appropriate and workable for occupational therapy education programs?
3. Are the proposed criteria appropriate to demonstrate achievement of the proposed standards?
4. Is any essential content missing from the proposed standards?
5. Are there other useful changes that could be made to the proposed standards?

Your feedback can be provided via:

email: admin@otcouncil.com.au

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PO Box 959
South Perth
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verbal: If you wish to provide verbal feedback, please contact the OTC via admin@otcouncil.com.au or 08 9368 2655 to arrange a time to do this.

**Responses will be published on the OTC website unless requested otherwise.
The OTC retains the right to not publish submissions.**

Queries can be directed to admin@otcouncil.com.au

3. Background and context

3.1 *The Occupational Therapy Council (Australia & New Zealand) Ltd*

The OTC is the body appointed by the Occupational Therapy Board of Australia (OTBA) as the accreditation authority for occupational therapy under the Health Practitioner Regulation National Law Act 2009 (National Law).

The OTC is an independent organisation established to:

- assess whether a program of study, and the education provider that delivers the program of study, provides people who complete the program with the knowledge, skills and professional attributes to practise the occupational therapy profession, and
- assess the suitability of overseas-trained occupational therapists to practise in Australia and New Zealand.

The OTC's program accreditation functions include:

- development and ongoing review of the accreditation standards for the purpose of accreditation of programs and providers under the National Law;
- assessment of programs of study, and the education providers that provide the programs of study leading to qualifications as an occupational therapist, to determine whether the programs meet approved accreditation standards;
- monitoring programs of study and the education providers that provide the program of study to ensure they continue to meet the accreditation standards.

Entry-level occupational therapy education programs in Australia must be accredited by the OTC and then subsequently approved by the OTBA for students and graduates of the program to be qualified for registration with the OTBA. Under National Law, the occupational therapy program accreditation standards developed by the OTC require approval from the OTBA.

3.2 *Program Accreditation under National Law*

Objectives of the National Law specifically relevant to accreditation:

- provide for the protection of the public by ensuring that only health practitioners who are suitably trained to practise in a competent and ethical manner are registered;
- facilitate the provision of high quality education and training of health practitioners;
- enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in the education of, and service delivery by, health practitioners.

3.3 *Program Accreditation Standards Review under National Law*

Accreditation standards must be reviewed on a regular basis to ensure they are contemporary and relevant. Changes to the standards must be made in line with good regulatory practice and follow guidelines developed by the Australian Health Practitioner Regulation Agency. The OTC must ensure all relevant stakeholders have input into any review and development of accreditation standards through wide-ranging consultation; the accreditation standards must meet relevant Australian standards, be internationally benchmarked and based on the available research and evidence.

The review of the current standards and the development of the proposed standards has also been informed by:

- Objectives and principles of the National Law;
- *Procedures for the Development of Accreditation Standards* (AHPRA, 2014) as established under the National Law;
- *Quality Framework for the Accreditation Function* (Forum of Australian Health Professions Councils and Australian Health Practitioner Regulation Agency, 2013), the principal reference document for national boards to assess the work of accreditation authorities;

- Council of Australian Governments *Principles for Best Practice Regulation* (COAG, 2014).

In addition, changes proposed have been developed with consideration of:

- the *High Level Accreditation Principles* (2016) developed by the Health Professions Accreditation Collaborative Forum;
- Universities Australia and Professions Australia *Joint Statement of Principles for Professional Accreditation* (2016);
- regulatory changes in higher education;
- key messages arising from reviews of the National Registration and Accreditation Scheme and the Accreditation Systems Review, notably the *Independent Review of Accreditation Systems in the National Registration and Accreditation Scheme for health professions* (AHMAC, September 2017);
- the *Professional Accreditation Mapping the Territory Final Report* (PhillipsKPA, February, 2017), commissioned by the Department of Education and Training, and subsequent Higher Education Standards Panel recommendations;

as well as updated occupational therapy profession specific standards:

- the *Australian Occupational Therapy Competency Standards 2018* (OTBA, 2018) which take effect from 2019, replacing the *Australian Minimum Competency Standards for New Graduate Occupational Therapists 2010* (Occupational Therapy Australia, 2010);
- the World Federation of Occupational Therapists *Minimum Standards for the Education of Occupational Therapists (revised 2016)*, which took effect from 2017, replacing the *Revised Minimum Standards for the Education of Occupational Therapists* (2002).

4. Steering Committee and Reference Group

The review is being overseen by a Steering Committee with advice from a Reference Group.

Steering Committee members	Reference Group members
<i>Associate Professor Lynne Adamson</i> (Chair) Chairperson of the Board of the OTC	<i>Dr Margaret Cook</i> (Chair) Member of the Board of the OTC
<i>Dr Margaret Cook</i> Member of the Board of the OTC, member OTC Program Accreditation Committee	<i>Ms Julie Brayshaw</i> <i>Dr Katherine Moore</i> (until January 2018) Occupational Therapy Board of Australia
<i>Dr Mandy Stanley</i> Member of the OTC Program Accreditation Committee, member of the Occupational Therapy Australia WFOT Program Approval Committee	<i>Dr Ros Bye</i> <i>Associate Professor Trish Wielandt</i> (alternate) Australia & New Zealand Council of Occupational Therapy Education (ANZCOTE)
<i>Dr Jill Hummell</i> Member of the Board of the OTC, member OTC Program Accreditation Committee	<i>Associate Professor Louise Farnworth</i> Member of the OTC Assessor Panel
<i>Mr Michael Piu</i> Community member of the Board of the OTC, member OTC Program Accreditation Committee	<i>Ms Kathryn Martin</i> National Aboriginal and Torres Strait Islander Occupational Therapy Network (NATSIOTN)
<i>Ms Alison Sinclair</i> Community member of the Board of the OTC, member OTC Program Accreditation Committee	<i>Dr Merrolee Penman</i> <i>Mr Tom Bevitt</i> (alternate) Australia & New Zealand Occupational Therapy Fieldwork Academics (ANZOTFA)
	<i>Ms Alison Sinclair</i> Community member of the Board of the OTC, member OTC Program Accreditation Committee
	<i>Ms Anita Volkert</i> Occupational Therapy Australia

Stakeholders groups represented above provided feedback in a preliminary consultation phase which has informed the current draft of the standards.

The project consultant providing advice to the review is Dr Lindsay Heywood. Dr Heywood is an honorary Associate Professor and Principal Fellow at the Melbourne Centre for the Study of Higher Education at the University of Melbourne and a Director of Innovet Pty Ltd, a specialised educational consultancy service.

5. The current program accreditation standards

The current accreditation standards, the *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (December 2013) are available at <http://otcouncil.com.au/wp-content/uploads/2012/09/Accred-Standards-December-2013.pdf>

When the occupational therapy profession joined the National Registration and Accreditation Scheme in 2012, accreditation standards developed by the occupational professional association, Occupational Therapy Australia, were adopted by the OTC with some minor updates. These standards were approved by the OTBA in November 2012 on an interim basis.

Under section 46 of the National Law, wide-ranging consultation about the content of an accreditation standard must be undertaken. Hence public consultation held between December 2012 and February 2013 informed the current standards, which took effect from December 2013.

The *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (December 2013) are similar in structure to the earlier version, continue to align standard statements with those within the World Federation of Occupational Therapists (WFOT) *Minimum Standards for the Education of Occupational Therapists* (2002) and also incorporate those standards.

There are currently 62 accreditation standards grouped under the following headings:

- Philosophy and Purpose
- Curriculum Content and Sequence
- Educational Methods
- Practice Education/Fieldwork
- Local Context of Professional Practice
- Educators
- Resources
- Continuing Quality Improvement

The *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (December 2013) also require programs to demonstrate that the curriculum prepares graduates to meet the *Australian Minimum Competency Standards for New Graduate Occupational Therapists* (Occupational Therapy Australia, 2010).

Occupational Therapy Australia (the occupational therapy professional association) continues to have responsibility for accrediting programs to determine if they meet the WFOT Standards. The OTC and Occupational Therapy Australia developed an agreement in 2013 whereby the OTC provides accreditation reports to Occupational Therapy Australia. Occupational Therapy Australia has a streamlined process in which it determines, via a committee 'desktop' review of the accreditation reports, whether or not a program meets the World Federation of Occupational Therapists Minimum Standards and can be listed as WFOT approved. The WFOT provides an international benchmark for occupational therapy education and graduation from a WFOT approved program supports international mobility of graduates.

This arrangement between the OTC and Occupational Therapy Australia avoids potential duplication of having two accreditation systems for education providers: one delivered by the OTC, the other by Occupational Therapy Australia. It is intended this relationship continues, hence the new accreditation standards (and the guidelines that will be developed when the standards are completed) are being developed consistent with this streamlined objective.

6. Key factors impacting on the revision of the occupational therapy program accreditation standards

There are a number of factors which make the current review of the accreditation standards particularly timely and have shaped the proposed accreditation standards.

6.1 Revision of the Australian occupational therapy competency standards

Competency standards document what is expected of competent practitioners. Program accreditation standards indicate what is required of a program to develop safe, ethical and competent graduates as beginning practitioners. The current accreditation standards, the *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (December 2013) require program content to be mapped to the *Australian Minimum Competency Standards for New Graduate Occupational Therapists* (Occupational Therapy Australia, 2010).

The OTBA recently revised the Australian occupational therapy competency standards. The new standards, the *Australian Occupational Therapy Competency Standards 2018*, available at www.occupationaltherapyboard.gov.au/competencies, were launched in February 2018 and will take effect from January 2019. The new competency standards have been developed to be relevant to the diversity of occupational therapy practice roles and practice contexts. In particular, they place greater emphasis on occupational therapy practitioners' cultural responsiveness and capabilities for practice with Aboriginal and Torres Strait Islander Peoples than the 2010 competencies.

The proposed program accreditation standards also direct greater focus to program outcomes than the *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (December 2013), with a specific objective to ensure graduates achieve the required competencies for safe, ethical and competent practice as beginning practitioners.

6.2 Revision of the World Federation of Occupational Therapists Minimum Standards

The WFOT *Minimum Standards for the Education of Occupational Therapists* provide an important international benchmark for occupational therapy education and encourage improvement beyond the minimum standard. In particular, they give education providers direction for core professional values, program philosophy, curriculum content and delivery, and instil a quality assurance approach. They expect the educational curricula in each country to be responsive to local needs and expectations, as well as international practice and perspectives of health.

The WFOT (2002) *Minimum Standards for the Education of Occupational Therapists* provided the framework for the *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (December 2013). The WFOT standards have since been revised, with the updated version published in 2016.

While the proposed Australian program accreditation standards represent a significant move away from the WFOT standards structure, the proposed accreditation standards and processes will continue to address the WFOT requirements.

The WFOT standards have been mapped to the accreditation standards. See appendix.

6.3 Regulatory changes in the higher education sector

Higher education providers in Australia are regulated by the Tertiary Education Quality and Standards Agency (TEQSA), the national regulatory and quality assurance body for higher education delivered in or from Australia. TEQSA regulates higher education providers primarily at an institutional level against the Higher Education Standards Framework (HESF, 2015), which represent the minimum acceptable requirements for the provision of higher education by higher education providers registered under the TEQSA Act 2011. The Framework came into effect from January 2017.

The proposed occupational therapy accreditation standards have taken into account the Higher Education Standards and the TEQSA requirements for education providers. In some cases the new requirements of TEQSA/Higher Education Standards are reflected directly in features of the proposed accreditation standards and/or criteria. In other cases, the new higher education regulatory requirements are, or are expected to be, reflected in evidence guides and/or changes to the accreditation practices of the OTC.

The proposed occupational therapy accreditation standards and criteria are intended to focus on assessment of program level activities, however consideration of some institutional-level activities and processes of the education provider are required to provide context for program-level evaluation.

The OTC has a Memorandum of Understanding with TEQSA to support cooperation and, to the extent permitted by law, share information about education providers to assist the OTC and TEQSA to perform their functions. The OTC has regard to the requirements of TEQSA and the HESF in seeking evidence of meeting the OTC Standards. New OTC accreditation guidelines, including a detailed evidence guide, are being developed to provide detail of expectations regarding the self-assessment process for occupational therapy programs undergoing accreditation by the OTC. These will encourage education providers to use relevant and current evidence developed for other reporting purposes (such as for TEQSA), so as to not impose unnecessary reporting burden on programs.

6.4 Emerging influences on National Registration and Accreditation Scheme

There are increasing calls for the alignment of accreditation standards and processes used by different regulatory bodies, with the aim of reducing the regulatory burden on education providers.

The Council of Australian Governments' Health Council (2015) response to the *Independent Review of the National Registration and Accreditation Scheme* (AHMAC, 2014) highlighted the need for accreditation authorities to work cross-professionally towards the alignment of accreditation protocols (see 6.6 below).

The subsequent *Independent Review of the Accreditation Systems within the National Registration and Accreditation Scheme* (AHMAC, February 2017) noted:

- greater commonality across the professions has the potential to improve outcomes and create resource, time and cost efficiencies;
- greater consistency in data collection and sharing amongst the accrediting authorities could increase the rigour of the monitoring process and provide a data set which facilitates the identification of trends and future planning; and
- commonality does not limit the inclusion of necessary discipline-specific references and other information tailored to the requirements of the profession and program (p. 20).

Subsequent recommendations in the draft report for the above review (AHMAC, September, 2017) reinforced the importance of common approaches to improve efficiencies.

In addition, it recommended that "Accreditation authorities should adopt outcome-based approaches when developing new, or revising existing, accreditation standards, consistent with achieving innovative high-quality education of health practitioners" (ibid, p 9).

6.5 Incorporation of contemporary regulatory principles

Development of the proposed occupational therapy accreditation standards (and envisaged corresponding flow-on changes to OTC accreditation processes) has taken account of the prevailing principles that have come to underpin contemporary regulatory practices.

- Regulation is now standards-based (referencing both OTC accreditation standards and occupational therapy professional standards for graduates, and having regard to the Higher Education Standards Framework against which TEQSA regulates). The proposed OTC approach aligns and integrates these relevant standards wherever relevant.

- Key principles guide contemporary regulation (necessary, risk-based and proportional regulatory approaches). The National Law identifies the necessary regulatory purposes and the proposed OTC approach has regard to these. The OTC's regulatory processes will further integrate risk-based and proportional approaches with a view to reducing regulatory burdens and improving efficiency.
- There is growing emphasis on an 'outcomes-focus' (vs inputs and processes) and the proposed standards are outcomes focussed wherever practicable.
- Improving efficiency and transparency of regulatory approaches are important goals and the proposed OTC approach supports these goals.
- Concerns about potential increases in regulatory burden are rising. There is a prevailing desire for 'right-touch regulation' (where regulatory interventions are no more than is necessary to achieve a regulatory purpose) and this goal is supported by the proposed standards and flow-on changes to the OTC's regulatory processes.

6.6 Recent changes in other health professions' accreditation standards

The Health Professions Accreditation Collaborative Forum (HPACF) is a coalition of the accreditation councils and committees of the professions within the NRAS. HPACF members have agreed to:

- develop accreditation standards that give priority to outcomes and results, and encourage improvement and innovation in education programs; and
- where possible, build common approaches to accreditation standards and processes, while maintaining profession-specific requirements (HPACF, 2016).

The proposed OTC accreditation standards are materially consistent with recent revisions undertaken by other health profession accreditation authorities including:

- Dentistry (Australian Dental Council/ Dental Council New Zealand, 2014)
- Optometry (Optometry Council of Australia and New Zealand, 2016)
- Physiotherapy (Australian Physiotherapy Council, December, 2016)
- Chiropractic (Council on Chiropractic Education Australasia, 2017)
- Psychology (Australian Psychology Accreditation Council, 2017).

These five accreditation authorities share the overall framework originally developed by the Australian Dental Council. The OTC has benefitted from background research undertaken and shared by the Australian Dental Council, as well as advice from other councils.

A key strength of the structure used by the five councils above, and in the proposed occupational therapy program accreditation standards, is that it foregrounds expectations around public safety – a focus of the National Law that is not immediately evident in the current accreditation standards.

7. Overview of the proposed program accreditation standards

The proposed accreditation standards have been developed to:

- align with five other health profession accreditation councils;
- have outcome focussed standards' statements;
- reduce the current 62 standards to five standards with accompanying criteria;
- have a more explicit focus on professional competencies and learning outcomes at graduation;
- be supported by a separate evidence guide which will make reference to particular publications. This will allow updates to be accommodated within the evidence guide separately from the accreditation standards;
- incorporate the WFOT *Minimum Standards for the Education of Occupational Therapists* to maintain an international benchmark and to enable the OTC and Occupational Therapy Australia to continue to collaborate to maintain efficiency in the accreditation process.

The proposed accreditation standards represent a major change in structure from the current *Accreditation Standards* (December 2013), particularly in placing more emphasis on public safety

(consistent with registration requirements and the National Law), on outcomes and in focusing more strongly on the expected competencies of graduates.

7.1 The proposed accreditation standards

The structure of the standards consists of five domains, each with a single standard statement:

Domain	Public safety
Standard 1	Public safety is assured.
Domain	Academic Governance and Quality Assurance
Standard 2	Academic governance and quality improvement systems are effective in developing and delivering sustainable, high-quality occupational therapy education.
Domain	Program of Study
Standard 3	Program design, delivery and resourcing enable students to achieve the required occupational therapy learning outcomes, attributes and competencies.
Domain	Student Experience
Standard 4	Students are provided with equitable and timely access to information and support relevant to their occupational therapy program.
Domain	Assessment
Standard 5	Graduates have demonstrated achievement of program learning outcomes, including the requirements for safe, ethical and competent practice as beginning occupational therapy practitioners.

Each standard statement is supported by a number of criteria. The criteria are indicators that set out expectations of an accredited program to meet the standard. The criteria will form part of the standards document. The criteria are not sub-standards, rather pointers to evidence of meeting the standards. When assessing a program the OTC will consider whether or not each criterion is met, but will take an on balance view of whether the evidence presented demonstrates the particular standard as a whole is met.

New programs and established programs will be assessed against the same accreditation standards (although the processes used for assessment and the evidence collected may be varied according to context).

The current *Accreditation Standards* (December 2013) have been mapped to the proposed new standards (see appendix).

An evidence guide, which will outline the documentary evidence that programs can provide to demonstrate the standards have been met, is being developed. Examples of evidence are included in the appendix. Some examples of evidence are repeated as they are relevant to more than one criterion. The examples of evidence are not part of the standards but are provided as guidance of the information that could be used to demonstrate the standards are being met. The evidence guide will be produced separately from the standards' document to enable ongoing updates to be made without recourse to the standards themselves. As noted earlier, in seeking evidence of meeting the OTC accreditation standards, the OTC will have regard to the requirements of TEQSA and the HESF.

7.2 Proposed standards and criteria

Domain: Public safety	
Standard 1: Public safety is assured.	
Criteria:	
1.1	Protection of the public and provision of safe, ethical and competent client-centred services are prominent amongst the guiding principles of the occupational therapy educational program, practice education and student learning outcomes.
1.2	Appraisal and management of students' fitness to practise during the program is effective.
1.3	Students have achieved relevant pre-requisite occupational therapy professional knowledge, skills and behaviours before interacting with the public or providing client services as a component of the program.
1.4	Competent and sufficient supervision is provided for students by occupational therapists and other suitably qualified supervisors to enable students to practise safely.
1.5	Robust quality and safety policies and processes consistent with relevant regulations and standards are in place for all practice education placements and experiences.
1.6	Systems are in place to ensure clients or substitute decision-makers give informed consent for services provided by students.
1.7	Occupational therapy students and academic staff demonstrate ethical and professional conduct as documented by the profession and registration authority.
1.8	The education provider complies with its obligations under the Health Practitioner Regulation National Law Act 2009, or equivalent national framework.
Domain: Academic Governance and Quality Assurance	
Standard 2: Academic governance and quality improvement systems are effective in developing and delivering sustainable, high-quality occupational therapy education.	
Criteria:	
2.1	Robust academic governance arrangements are in place for the occupational therapy program, are inclusive of Aboriginal and Torres Strait Islander Peoples and include processes for systematic monitoring, review and improvement.
2.2	Program design and implementation is informed through collaboration and consultation with key stakeholders including the occupational therapy profession, Aboriginal and Torres Strait Islander Peoples, consumers, employers and other health and human service experts.
2.3	Program quality improvement processes include student evaluations, internal and external academic and professional peer review, feedback from Aboriginal and Torres Strait Islander Peoples, consumer feedback and outcome information from new graduates.
2.4	Contemporary and emerging developments in occupational therapy and broader health, disability and human service education and practice are incorporated into the curriculum in a timely manner.
Domain: Program of Study	
Standard 3: Program design, delivery and resourcing enable students to achieve the required occupational therapy learning outcomes, attributes and competencies.	
Criteria:	
3.1	A contemporary educational framework informs the design and delivery of the program.
3.2	The program philosophy and design embed concepts of occupation and occupational therapy shared by the national and international community of occupational therapists.

3.3	The curriculum structure and content is coherent, informed by theory, research and practice relevant to occupational therapy.
3.4	The program develops a commitment to life-long learning and assesses student skills in critical thinking, professional reasoning and self-reflection.
3.5	The program and student learning outcomes address the occupational therapy professional competencies published by the Occupational Therapy Board of Australia.
3.6	The quality, quantity, duration and diversity of practice education experiences are sufficient to ensure graduates are competent to practise across a range of client groups and environments reflective of current and emerging contexts.
3.7	Learning and teaching methods are informed by evidence and designed and delivered to ensure occupational therapy students achieve the required learning outcomes.
3.8	Cultural capability is integrated within the program and clearly articulated in student learning outcomes, and consistent with the cultural diversity of Australian society.
3.9	The program and student learning outcomes are guided by agreed Aboriginal and Torres Strait Islander health curriculum national principles and cultural capabilities.
3.10	Graduates are competent in research literacy for the level and type of program.
3.11	The application of the principles of inter-professional learning and practice are included as required learning outcomes in the program.
3.12	The academic team is suitably qualified and experienced to deliver the components of the program it teaches and assesses, and the staffing complement is sufficient to support the student cohort to achieve graduate competencies.
3.13	Learning environments, facilities, resources and equipment support the effective delivery of the program and the achievement of the learning outcomes.
Domain: The student experience	
Standard 4: Students are provided with equitable and timely access to information and support relevant to their occupational therapy program.	
Criteria:	
4.1	Program information is accurate, clear and accessible.
4.2	Admission and progression requirements and processes are fair, equitable and transparent.
4.3	The academic learning needs of occupational therapy students at risk of unsatisfactory progress are identified and support provided.
4.4	Students are informed of and have access to personal support services provided by qualified personnel, including during practice education placements.
4.5	Students have opportunities to be represented within the deliberative and decision-making processes of the program.
4.6	Equity and diversity principles are demonstrated and promoted in the student experience.
4.7	Specific consideration is given to the recruitment, admission, participation and completion of the occupational therapy program to groups under-represented in the program, including Aboriginal and Torres Strait Islander Peoples.
Domain: Assessment	
Standard 5: Graduates have demonstrated achievement of the learning outcomes required of the program, including the requirements for safe, ethical and competent practice as beginning occupational therapy practitioners.	
Criteria:	
5.1	There is a clear relationship between learning outcomes and student assessment strategies.

5.2	The scope of assessment covers all learning outcomes required to ensure graduates are safe, ethical and competent to practise.
5.3	Learning outcomes are mapped to the required occupational therapy attributes and competencies, and assessed.
5.4	Assessment is fair, valid and reliable in measuring student achievement of learning outcomes.
5.5	Contemporary, evidence-informed assessment tools are used including direct observation in academic and practice education settings.
5.6	Program management and co-ordination, including moderation procedures, ensure consistent and appropriate assessment and feedback to students.
5.7	Staff who assess students in academic and practice education contexts are suitably qualified and experienced for the role.

8. Next Steps

Feedback from the present consultation will be considered by the Steering Committee and the Reference Group. Once agreed, the new accreditation standards will be provided to the OTC Board of Directors and subsequently the OTBA for approval.

At that time the OTC will be in a position to advise on the timeframe for rollout and implementation of the new standards. The OTC will provide regular updates to key stakeholders directly and via the OTC website. It is anticipated the new standards will be fully implemented by 1 January 2020 at the latest.

APPENDIX

Proposed standards with examples of evidence and mapping to the current *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (December 2013) and the WFOT Standards.

Domain: Public safety		Current Accreditation Standards	
Proposed Standard 1: Public safety is assured		Red font indicates WFOT 2002 expectations incorporated into current standards, green indicates 2016 updates.	
Criteria:		Examples of evidence:	
1.1	Protection of the public and provision of safe, ethical and competent client-centred services are prominent amongst the guiding principles of the occupational therapy educational program, practice education and student learning outcomes.	<ul style="list-style-type: none"> Statement of education principles, curriculum design and learning outcomes for the program of study, with examples specific to safe, ethical and competent practice Outline of principles used to guide culturally safe practice. 	<p>4.4 (+see 1.4 below, outlines fieldwork supervision requirement)</p> <p>4.5 Administrative arrangements for fieldwork meet legal statutory obligations.</p>
1.2	Appraisal and management of students' fitness to practise during the program is effective.	<p>Mechanisms in place to:</p> <ul style="list-style-type: none"> comply with mandatory reporting requirements manage student fitness to practise issues, including those related to professional behaviours and culturally safe practices <p>with evidence of their implementation.</p>	Evidence for 3.7: Outline strategies used to manage poorly performing and failing students.
1.3	Students have achieved relevant pre-requisite occupational therapy professional knowledge, skills and behaviours before interacting with the public or providing client services as a component of the program.	<ul style="list-style-type: none"> Documentation showing the student learning outcomes to be achieved prior to contact with clients (including volunteers) at each stage throughout the program. Specific briefing/debriefing activity, relevant to each practice education placement and client contact activity throughout the program. Learning and assessment activities used to determine foundational professional behaviour, cultural capability and communication skills. 	4.9 The program adequately prepares students for their placements

1.4	Competent and sufficient supervision is provided for students by occupational therapists and other suitably qualified supervisors to enable students to practise safely.	<ul style="list-style-type: none"> • Policies and procedures on student practice education and standards for supervision. • Detail of the supervision/supervisory models provided during placements. • Strategies used to provide support and development of supervisors. 	<p>4.4 Fieldwork/practice education supervision is provided by an occupational therapist (role model) with at least 12* months' experience, or an occupational therapy educator; and is graded from close support to independence, depending on the student's learning level.</p> <p>*12 months not a requirement in WFOT2016</p> <p>4.8 Practice education/fieldwork supervisors are prepared for student placements, and there is ongoing support and development of supervisors.</p>
1.5	Robust quality and safety policies and processes consistent with relevant regulations and standards are in place for all practice education placements and experiences.	<ul style="list-style-type: none"> • Practice education placement agreements and placement policies. • Policy and procedures used to manage voluntary community experiences. 	Evidence for 4.5: legal agreements etc. are in place.
1.6	Systems are in place to ensure clients or substitute decision-makers give informed consent for services provided by students.	<ul style="list-style-type: none"> • Mechanism used to ensure client and volunteer consent, including culturally appropriate consent and privacy procedures. 	
1.7	Occupational therapy students and academic staff demonstrate ethical and professional conduct as documented by the profession and registration authority.	<ul style="list-style-type: none"> • Policies and procedures on ethical and professional behavior. • Evidence of <ul style="list-style-type: none"> - how and where students are made aware of their responsibilities as outlined in the profession's Code of Conduct and Code of Ethics - where ethical and professional conduct is assessed throughout the program. 	<p>Evidence for 3.8.</p> <p>8.7: There are processes in place to evaluate and monitor the effectiveness of the program's graduates as ethical and competent occupational therapists.</p>
1.8	The education provider complies with its obligations under the Health Practitioner Regulation National Law Act 2009, or equivalent national framework.	<ul style="list-style-type: none"> • Mechanisms in place to deal with voluntary and mandatory notifications to the National Agency (S143 National Law). • Evidence of student registration with the OTBA/AHPRA or other relevant regulatory authority. 	
Domain: Academic Governance and Quality Assurance			Current Accreditation Standards
Proposed Standard 2: Academic governance and quality improvement systems are effective in developing and delivering sustainable, high-quality occupational therapy education			Red font indicates WFOT 2002 expectations incorporated into current standards, green indicates 2016 updates.
Criteria:		Examples of evidence:	

2.1	Robust academic governance arrangements are in place for the occupational therapy program, are inclusive of Aboriginal and Torres Strait Islander Peoples and include processes for systematic monitoring, review and improvement.	<ul style="list-style-type: none"> • Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement. • Outline of the responsibilities of the entities and individuals managing the program, and evidence they have the appropriate level of autonomy to direct resources to achieve the program learning outcomes. • Outline the nature of the involvement of Aboriginal and Torres Strait Islander Peoples in governance and decision-making bodies and processes which influence the program. • Outline the implementation of decolonising structures and processes and culturally responsive governance arrangements. 	<p>1.1 The program is delivered from an institution that is an Australian university.</p> <p>1.3 The program is delivered from a distinct occupational therapy entity (e.g. occupational therapy school or department) and the status of this entity in the university is equivalent to comparable entry-level professional programs.</p> <p>8.1 Conditions and recommendations made in previous accreditation reports have been addressed.</p>
2.2	Program design and implementation is informed through collaboration and consultation with key stakeholders including the occupational therapy profession, Aboriginal and Torres Strait Islander Peoples, consumers, employers and other health and human service experts.	<ul style="list-style-type: none"> • Culturally responsive consultation processes undertaken with Aboriginal and Torres Strait Islander Peoples. • Collaboration, and consultation with consumers (i.e. people with a health and/or occupational issue/people who are users of occupational therapy services) teaching into and/or advising the program. 	<p>2.4 The curriculum is developed through consultation and collaboration with the occupational therapy practice community and other health and human service experts, including consumers and Aboriginal and Torres Strait Islander health professionals.</p> <p>8.3 Key stakeholders are engaged in the provision of feedback relevant to the occupational therapy program and the feedback informs the development of the curriculum and delivery of the program.</p>
2.3	Program quality improvement processes include student evaluations, internal and external academic and professional peer review, feedback from Aboriginal and Torres Strait Islander Peoples, consumer feedback and outcome information from new graduates.	<ul style="list-style-type: none"> • Strategies to ensure each of the key stakeholders are providing effective input into the design, delivery and evaluation of the program. • Formal partnerships with stakeholders. • Reports from internal reviews and evaluations and action taken in response. • Graduate performance outcomes e.g. feedback from practice educators, employers and graduates. 	<p>8.4 A steering committee or advisory board including key occupational therapy stakeholders provides advice to the program.</p> <p>8.5 There is support for the program from key stakeholders including local employers, practitioners and the local professional association.</p> <p>8.6 The perspective of consumers/service users/clients (i.e. people with a health and/or occupational issue/people who are recipients of occupational therapy services) are valued and integrated within the design, delivery and evaluation of the program. (Evidence: in roles other than as recipients of care).</p> <p>Curriculum: Feedback from consumers Educators: Refer to critical appraisal of teaching by consumers.</p> <p>8.2 The program philosophy and purpose, curriculum, content/sequence and educational methods (including practice education) are reviewed in an ongoing manner and revised in</p>

			<p>response to local changes and development of international knowledge. Current literature/evidence is used to inform program improvement.</p> <p>8.7 There are processes in place to evaluate and monitor the effectiveness of the program's graduates as ethical and competent occupational therapists.</p> <p>WFOT 2016: Part 2: broad statement about responsibility of programs to gain feedback on graduates performance.</p>
2.4	Contemporary and emerging developments in occupational therapy and broader health, disability and human service education and practice are incorporated into the curriculum in a timely manner.	<ul style="list-style-type: none"> Examples of updating curriculum to contemporary evidence-based and potential future oriented development e.g. including major national, state/territory and local health priorities and service and practice standards. 	<p>5.3 The program incorporates content in response to major national, state/territory and local health priorities and practice standards.</p> <p>5.4 Academic staff have up-to-date knowledge of the local contexts of practice.</p> <p>2.8 The curriculum content reflects current and future emerging practice areas of Australian occupational therapists. Included in 'suggested content' (p73)</p> <p>5.1 The curriculum content is relevant to Australia's national, state/territory and local region health, well-being and occupational therapy needs.</p> <p>8.8 The program draws on current research from new/recent graduates to shape the curriculum and the teaching and learning methods used (including practice education/fieldwork), and to promote successful integration of students into the workplace and workforce following graduation.</p>
Domain: Program of Study			Current Accreditation Standards
Proposed Standard 3: Program design, delivery and resourcing enable students to achieve the required occupational therapy learning outcomes, attributes and competencies			Red font indicates WFOT 2002 expectations incorporated into current standards, green indicates 2016 updates.
Criteria:		Examples of evidence:	
3.1	A contemporary educational framework informs design and delivery of the program.	<ul style="list-style-type: none"> Statement of education framework used, its relevance to occupational therapy and how it informs program design and delivery. Rationale for framework. 	<p>3.1 A contemporary educational philosophy underpins teaching and learning in the program.</p> <p>3.2 National and international educational theories and research inform the educational methods used within the program.</p>
3.2	The program philosophy and design embed concepts of occupation and occupational therapy	<p>Program documents that:</p> <ul style="list-style-type: none"> demonstrate the occupational philosophy is embedded throughout the curriculum and informs graduate outcomes; 	<p>1.4 The program has a documented philosophy which includes a client centered, occupational view of people (relevant to individuals,</p>

	<p>shared by the national and international community of occupational therapists.</p>	<ul style="list-style-type: none"> • are informed by occupational therapy theory, research and practice; • Aboriginal and Torres Strait Islander ideologies of occupation; • and occupational therapy international expectations outlined by the WFOT 2016. 	<p>groups, communities and populations), the challenges they face and how to enable health, wellbeing and participation through occupation.</p> <p>1.6 The philosophy and purpose of the program reflect concepts of occupation and occupational therapy shared by the international community of occupational therapists.</p> <p>1.7 The philosophy and purpose of the program reflect current and predicted health and welfare needs, occupations, systems and priorities of the Australian population including Aboriginal and Torres Strait Islander Peoples and the local geographical region in which the program is conducted.</p> <p>2.2 The curriculum content and sequence is congruent with the occupational therapy philosophy of the program.</p> <p>2.6 In line with WFOT requirements, the program is structured to meet WFOT standards including: 60 per cent is focused on occupation and occupational therapy (including practice education/fieldwork to integrate knowledge); 10 to 30 per cent is focused on knowledge supporting an understanding of body structure and function and biomedicine (including prac ed), and 10 to 30 per cent is focused on knowledge supporting an understanding of the human and social environment, and social perspectives of health (including prac ed).</p>
3.3	<p>The curriculum structure and content is coherent, informed by theory, research and practice relevant to occupational therapy.</p>	<ul style="list-style-type: none"> • Unit outlines for each year of the curriculum to show sequencing of the units of instruction, pre-requisite requirements and practice education experience. • Examples of how topics within the curriculum are integrated both horizontally and vertically. • Examples of how advances in research and practice inform the program design. • Evidence the program is delivered in a research context with support for occupational therapy research and scholarship to inform the program. 	<p>1.5 The elements of the program philosophy are congruent, and provide a comprehensive basis for the program.</p> <p>1.8 The program is delivered in a research context that contributes to the advancement of occupational therapy and informs the program.</p> <p>2.1 The curriculum content and process is clearly articulated, planned, systematically scheduled and managed effectively.</p> <p>2.7 The program content includes individual, group, and population approaches to health and occupational enablement/wellbeing or occupational enablement leading to health and wellbeing.</p> <p>2.9 Contemporary national and international theories, research findings, occupational therapy practice and expectations of professional practice inform the curriculum.</p>
3.4	<p>The program develops a commitment to life-long learning and assesses student skills in critical thinking, professional reasoning and self-reflection</p>	<ul style="list-style-type: none"> • Unit outlines with specific examples 	<p>3.4 The educational methods used support the development of life-long learning behaviour.</p>

3.5	The program and student learning outcomes address the occupational therapy professional competencies published by the Occupational Therapy Board of Australia.	<ul style="list-style-type: none"> Detailed curriculum map of unit learning outcomes and competencies. 	<p>1.9 There are aims and objectives for the program which identify expected graduate outcomes and these are congruent with the philosophy and purpose of the program.</p> <p>2.5 The curriculum content and process addresses all of the knowledge, skills and attitudes specified in the Australian Competency Standards for New Graduate Occupational Therapists (Occupational Therapy Australia, 2010) to equip graduates with the knowledge, skills and attitudes to work with individuals, groups and communities.</p> <p>5.1 The curriculum content is relevant to Australia's national, state/territory and local region health, well-being and occupational therapy needs.</p>
3.6	The quality, quantity, duration and diversity of practice education experiences are sufficient to ensure graduates are competent to practise across a range of client groups and environments reflective of current and emerging contexts.	<p>Detail of the practice education opportunities provided, including:</p> <ul style="list-style-type: none"> detail of the simulated learning experiences students engage in as a component of practice education – see OTC Explanatory Note (2013). evidence that students' practice education is congruent with national and international comparators, in particular the standards set by the WFOT. 	<p>4.1 Students experience a range of different practice education opportunities that require them to integrate knowledge, skills and attitudes to practise with a range of people who have different needs, and in differing circumstances. The range of experiences always includes: people of different age groups; people who have recently acquired and people who have long-standing health needs; interventions that focus on the person, the occupation, and the environment; experience in the provision of culturally responsive health care. Fieldwork experiences will also encompass all of the following parameters:</p> <ul style="list-style-type: none"> a range of personal factors such as gender, and ethnicity that is reflective of the population that will be recipients of occupational therapy; individual, community/group and population approaches; health conditions that affect different aspects of body structure and function that cause different kinds of activity limitations; different delivery systems such as hospital and community, public and private, health and educational, urban and rural, and local and international. <p>4.2 Fieldwork/practice education experiences are of sufficient duration to allow integration of theory to practise. In line with WFOT requirements a minimum of 1000 hours is normally required, including at least one fieldwork placement of up to eight weeks' duration** 8 weeks not required in WFOT 2016.</p> <p>4.6 Fieldwork is normally distributed throughout every* year of the curriculum.* every year not included in WFOT 2016.</p>

3.7	Learning and teaching methods are informed by evidence and designed and delivered to ensure occupational therapy students achieve the required learning outcomes.	<ul style="list-style-type: none"> • Learning and teaching methods used with outline of supporting evidence. • Strategies used to honour Aboriginal and Torres Strait Islander pedagogies. 	<p>3.3 The range of educational methods used supports the development of graduate knowledge, reasoning, practice skills and attitudes.</p> <p>4.10 Practice education/fieldwork draws on the literature and relevant research to support the program's approach to the establishment, implementation and evaluation of placements.</p> <p>4.7 Learning agreements are used to guide and facilitate learning during practice education/ fieldwork.</p>
3.8	Cultural capability is integrated within the program and clearly articulated in student learning outcomes, and consistent with the cultural diversity of Australian society.	<ul style="list-style-type: none"> • Examples of learning and assessment, and teaching materials demonstrating the integration of cultural capability, with evidence base overview. • Detail of training provided for staff to develop their cultural capability. • Detail of staff experience or demonstration of cultural competence in delivering Aboriginal and Torres Strait islander content. 	<p>5.2 The program prepares graduates to engage in culturally safe practice, in particular practices relevant to the health and well-being of Aboriginal and Torres Strait Islander Peoples.</p>
3.9	The program and student learning outcomes are guided by agreed Aboriginal and Torres Strait Islander health curriculum national principles and cultural capabilities.	<ul style="list-style-type: none"> • The curriculum and student learning outcomes are mapped against National Aboriginal and Torres Strait Islander Health Curriculum Framework, or equivalent. • Description of collaboration, consultation and partnership with Aboriginal and Torres Strait Islander Peoples to design, deliver and evaluate the curriculum. • Description of meaningful engagement with the local Aboriginal and Torres Strait Islander community. 	
3.10	Graduates are competent in research literacy for the level and type of program.	<ul style="list-style-type: none"> • Examples of where research literacy is covered and assessed in the program of study. • Evidence of content addressing research codes and guidelines, including ethical conduct in Aboriginal and Torres Strait Islander health research. • Evidence the program design and volume of learning complies with the Australian Qualifications Framework or equivalent national framework. 	<p>1.2 The program of study leading to the award is a minimum of four years (normally 96 teaching weeks) and is, at minimum, at the level of a Bachelor entry-level degree (AQF Level 7 or above).</p> <p>1.9 Evidence: Indicate how the program duration and stated learning outcomes reflect the nominated AQF level.</p>

3.11	The application of the principles of inter-professional learning and practice are included as required learning outcomes in the program.	<ul style="list-style-type: none"> • Outline of where principles of inter-professional learning are addressed in the curriculum. • Examples of how students interact with other professions, including health profession students and other relevant professionals. • Examples of assessment used to measure student inter-professional learning outcomes. 	<p>3.5 The educational methods support the development of graduates to work as effective members of inter- professional teams. Education methods: IPL provided as an example (p47) and importance of IP noted later in document (p57)</p>
3.12	The academic team is suitably qualified and experienced to deliver the components of the program it teaches and assesses, and the staffing complement is sufficient to support the student cohort to achieve graduate competencies.	<ul style="list-style-type: none"> • Academic staffing profile including professional qualifications, registration status, engagement with the profession, research and teaching and supervision responsibilities. • Detail of staff suitability teaching Aboriginal and Torres Strait Islander content including demonstration of cultural capability. • Practice educator qualification and preparedness/training. • Occupational therapy expertise of the program leader/leadership team. 	<p>2.3 The curriculum is designed, developed and revised by occupational therapists with relevant practice education/ fieldwork and educational curriculum design expertise.</p> <p>6.1 The academic leadership of the program is provided by an occupational therapist (or group of OTs). The academic leader will:</p> <ul style="list-style-type: none"> • have experience in leadership in the occupational therapy practice field and/or higher education sector; • have a post-graduate qualification, normally at doctoral level, and research experience in occupational therapy; • have demonstrated capacity to develop innovative and contemporary occupational therapy education at undergraduate and postgraduate level, and have demonstrated leadership capacity in complex and changing environments across multiple sectors (e.g. education, health, disability, community, higher education); • be appointed at professorial level or a minimum of associate professor level; • have the capacity to manage complex university processes to ensure the academic approval of the program. <p>6.2 There are a sufficient number of appropriately qualified occupational therapy academics to ensure effective development and delivery of the program.</p> <p>6.3 The combined qualifications and experience of the academic staff supports the curriculum content and education methods used in the program.</p> <p>6.4 Academics have a relevant qualification that is higher than the qualification received by graduates of the program and/or can demonstrate excellence in their area of teaching.</p>

			<p>6.5 Academic staff are up-to-date with knowledge, skills and attitudes relevant to their teaching. They maintain their currency with the national and international occupational therapy, health, disability, welfare, community and educational thinking and practice, and they are competent to teach in their allocated areas.</p> <p>6.6 The program supports occupational therapy academic staff to actively engage in research and scholarship relevant to their teaching.</p> <p>6.7 There are policies and practices that address the balance of teaching, research, community or university service and administrative functions for academic staff.</p>
3.13	Learning environments, facilities, resources and equipment support the effective delivery of the program and the achievement of the learning outcomes.	<ul style="list-style-type: none"> Description of learning environments, facilities, equipment and resources available. 	<p>4.3 There are sufficient numbers of fieldwork/practice education placements available for students.</p> <p>7.1 The program is adequately resourced in terms of physical facilities to effectively deliver on its intent.</p> <p>7.2 The educational facilities and resources available to the program are consistent with the program's philosophy and purpose</p> <p>7.3 Plans are in place for the continual improvement of facilities and resources to support curriculum development where needed.</p> <p>7.4 Adequate and effective administrative services are provided to the occupational therapy program to support its effective delivery.</p>
Domain: The student experience			Current Accreditation Standards
Proposed Standard 4: Students are provided with equitable and timely access to information and support relevant to their occupational therapy program.			Red font indicates WFOT 2002 expectations incorporated into current standards, green indicates 2016 updates.
Criteria:		Examples of evidence:	
4.1	Program information is accurate, clear and accessible.	<ul style="list-style-type: none"> Program of study information provided to prospective and enrolled students (link to website) includes accreditation status of the program. Indication of where/how prospective students are informed of registration standards, codes of conduct, inherent requirements for the occupational therapy program. 	<p>Evidence for 1.2 Detail the pre-requisites for entry; explain how these ensure students have the underpinning knowledge to achieve the learning outcomes, and how these are assessed when previous studies are included.</p> <p>Evidence for 8.9: Provide details of admission policy documents.</p>

4.2	Admission and progression requirements and processes are fair, equitable and transparent.	<ul style="list-style-type: none"> Admission and progression policies and procedures. Detail of pre-requisites for entry, especially to entry level Masters. Detail of retention rates. 	
4.3	The academic learning needs of occupational therapy students at risk of unsatisfactory progress are identified and support provided.	<ul style="list-style-type: none"> Detail of the academic support services available to students, including during practice education. Example of strategies being used to develop student wellbeing and resilience. Practices regarding English literacy and comprehension (including for international students and others who need literacy/language support). 	<p>Evidence for 3.7: strategies used to manage poorly performing and failing students.</p> <p>8.10 Processes/accommodations including the assessment and management of at risk/special needs students are used across all aspects of the program, including practice education/ fieldwork.</p>
4.4	Students are informed of and have access to personal support services provided by qualified personnel, including during practice education placements.	<ul style="list-style-type: none"> Details of the personal support services available to students, including personal, cultural and educational support. 	
4.5	Students have opportunities to be represented within the deliberative and decision-making processes of the program.	<ul style="list-style-type: none"> Evidence of student representation within the management of the program of study. 	<p>8.3: students included in 8.3 evidence as a key stakeholder WFOT 2016 includes a new section on “student affairs” which highlights the role of student feedback/input</p>
4.6	Equity and diversity principles are demonstrated and promoted in the student experience.	<ul style="list-style-type: none"> Policies and procedures to promote equity and diversity with examples of implementation and monitoring. Teaching materials reflective of diversity including client beliefs, culture, sexual orientation, religion, and socioeconomic status. 	<p>8.9 Strategies/admission policies are in place to target groups under-represented in the program to ensure student profile is reflective of the community profile. (p26)Where possible: programs should create opportunities to recruit students of under-represented sectors + provide support.</p> <p>8.9 & 8.10 evidence:</p> <ul style="list-style-type: none"> - Provide details of admission policy documents. - Outline Aboriginal and Torres Strait Islander specific initiatives, and strategies to support the recruitment and retention of students within the program. - Provide policy documents relevant to sub groups of students e.g. Aboriginal and Torres Strait Islanders, international and culturally linguistically diverse students, students with disabilities, and students with academic performance issues.
4.7	Specific consideration is given to the recruitment, admission, participation and completion of the occupational therapy program to groups under-represented in the program, including Aboriginal and Torres Strait Islander Peoples.	<ul style="list-style-type: none"> Report on the program of study's recruitment, admission, participation and completion by Aboriginal and Torres Strait Islander students. Learning support for students including those from under-represented groups or admitted through schemes for increasing diversity. Program strategies to promote a profile which reflects the Australian community. 	

Domain: Assessment		Current Accreditation Standards	
Proposed Standard 5: Graduates have demonstrated achievement of the learning outcomes required of the program, including the requirements for safe, ethical and competent practice as beginning occupational therapy practitioners		Red font indicates WFOT 2002 expectations incorporated into current standards, green indicates 2016 updates.	
Criteria:		Examples of evidence:	
5.1	There is a clear relationship between learning outcomes and student assessment strategies.	<ul style="list-style-type: none"> Unit outlines provided to students and detail of assessment tasks within units. 	Evidence for: 3.6 & 3.7.
5.2	The scope of assessment covers all learning outcomes required to ensure graduates are safe, ethical and competent to practise.	Assessment blueprint/matrix which details: <ul style="list-style-type: none"> assessment methods and weightings, and demonstrates alignment of assessment to learning outcomes; processes and methods used to evaluate a student's performance on practice education placements e.g. practice education evaluation tools, learning agreements, reflective assignments; strategies used to respond to feedback about student performance from practice education supervisors. 	3.7 The range of assessment methods used supports the development of graduate knowledge, reasoning, practice skills and attitudes developed by the program.
5.3	Learning outcomes are mapped to the required occupational therapy attributes and competencies, and assessed.		3.8 The assessment strategies used are appropriate for developing graduates who are safe and competent to practise at completion of the program.
5.4	Assessment is fair, valid and reliable in measuring student achievement of learning outcomes.		1.9: There are aims and objectives for the program which identify expected graduate outcomes and these are congruent with the philosophy and purpose of the program. 2.5 The curriculum content and process addresses all of the knowledge, skills and attitudes specified in the Australian Competency Standards for New Graduate Occupational Therapists.
5.5	Contemporary, evidence-informed assessment tools are used including direct observation in academic and practice education settings.	<ul style="list-style-type: none"> Examples of assessment tools, including simulation activities and practice education experiences. 	3.6 Assessment methods are contemporary and congruent with the educational approach of the program. 3.7 The range of assessment methods used supports the development of graduate knowledge, reasoning, practice skills and attitudes developed by the program.
5.6	Program management and co-ordination, including moderation procedures, ensure consistent and appropriate assessment and feedback to students.	<ul style="list-style-type: none"> Polices on and examples of assessment moderation used within the program. 	Included in 2.1.
5.7	Staff who assess students in academic and practice education contexts are suitably qualified and experienced for the role.	<ul style="list-style-type: none"> Academic staffing profile including qualifications, professional and academic experience, teaching and supervision responsibilities. 	Implied in 3.8 above & 6.3 The combined qualifications and experience of the academic staff supports the curriculum content and education methods used in the program

		<ul style="list-style-type: none">• Practice educator qualification and preparedness/training.	
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